

Name  
in  
Full

Ann Maria Altman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Town</u> <i>Thornhill</i>		County <i>Thornhill</i>		MARYLAND	
Date of death	190 <i>7</i>	Month <i>May</i>	Day <i>15</i>	Age <i>74</i>	Years <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harmony Fredco Md</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jacob G. Altman</i>			
Father's Name <i>Gro. P. Miles</i>		Father's Birthplace <i>Fredco Md</i>			
Mother's Maiden Name <i>Louise in Duckerman</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Thos. G. Altman (Son)</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>10 yrs</i>
Immediate <i>Apoplexy</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. Maynard</i>
	Address <i>17 Second St N,</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

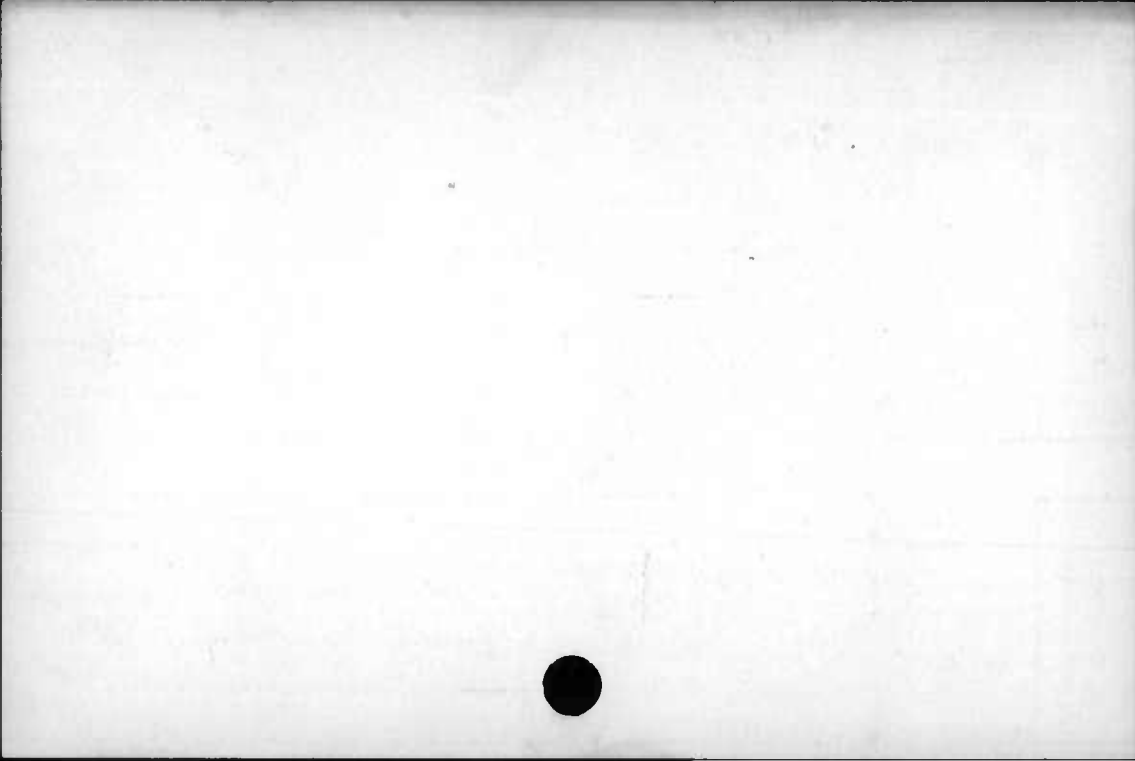
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND							
Date of death <i>1907</i>		Month <i>May</i>		Day <i>23</i>		Age <i>—</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Near Frederick</i>									
Occupation <i>—</i>						Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>—</i>						Name of Wife or Husband <i>—</i>							
Father's Name <i>Thomas Attman</i>						Father's Birthplace							
Mother's Maiden Name <i>Jennie Jacobs</i>						Mother's Birthplace							
Name of person giving information						How related to deceased							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Still born</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Goodman</i>	
		Address <i>Frederick</i>	
Accident or Suicide?			



Name  
in  
Full

*Susan Biddinger*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Montezuma Hospital Frederick* Town County  
Date of death *1907* Month *May* Day *2* Age *79* Years Months *X* Days  
Sex *Female* Color or Race *White* Birth-place *Frederick Co*  
Occupation *Inmate in Almshouse* Where Residing if not at place of death  
Married, Single or Widowed *Single* Name of Wife or Husband  
Father's Name *Unknown* Father's Birthplace *Unknown*  
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*  
Name of person giving information *Hospital Record* How related to deceased *1*

CAUSES OF DEATH

**40**

PHYSICIAN  
OR CORONER

Primary *Cancer of Stomach* How long *Six mo*  
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*R. S. Lysons*  
*Frederick*  
*Md*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Butzer

County

MARYLAND

Died at *Fredericks* Town*Fredericks*Date  
of death *1907*

Month

*4*

Day

*2*

Age

Years

*—*

Months

*—*

Days

*3 hrs*

Sex

*Female*Color or  
Race*White*Birth-  
place*city*

Occupation

*—*Where Residing if not  
at place of death*Same*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*—*Father's  
Name*Ralph Butzer*Father's  
Birthplace*Va*Mother's  
Maiden Name*Annie A. Hunt.*Mother's  
Birthplace*Fredericks*Name of person giving  
In formation*Ralph Butzer*How related  
to deceased*Father*

## CAUSES OF DEATH

71

Primary

*Infantile Apnoea*

How long

*From Birth*

Immediate

*Exhaustion*

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*C. J. Gordon MD*

Address

*Fredericks*

Accident or Suicide?

*—*PHYSICIAN  
OR CORONER

Interment at Mt. Olivet

" May 3 -

Thomas P. Rice



Name  
in  
Full

Sarah Braire

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Montrose Hospital* TownCounty *Frederick*

MARYLAND

Date of death *1907* Month *5-* Day *8*Age *93* Years

Months

Days

Sex *Female*Color or  
Race*White*Birth-  
place*Frederick Co*

Occupation

*Housewife*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Widow*Name of Wife or  
Husband*George Braire*Father's  
Name*Unknown*Father's  
Birthplace*Unknown*Mother's  
Maiden Name*Unknown*Mother's  
Birthplace*Unknown*Name of person giving  
In formation*H. M. Shook Nurse*How related  
to deceased*None*

## CAUSES OF DEATH

**179**

Primary

*Senile Debility -*

How long

Immediate

How long

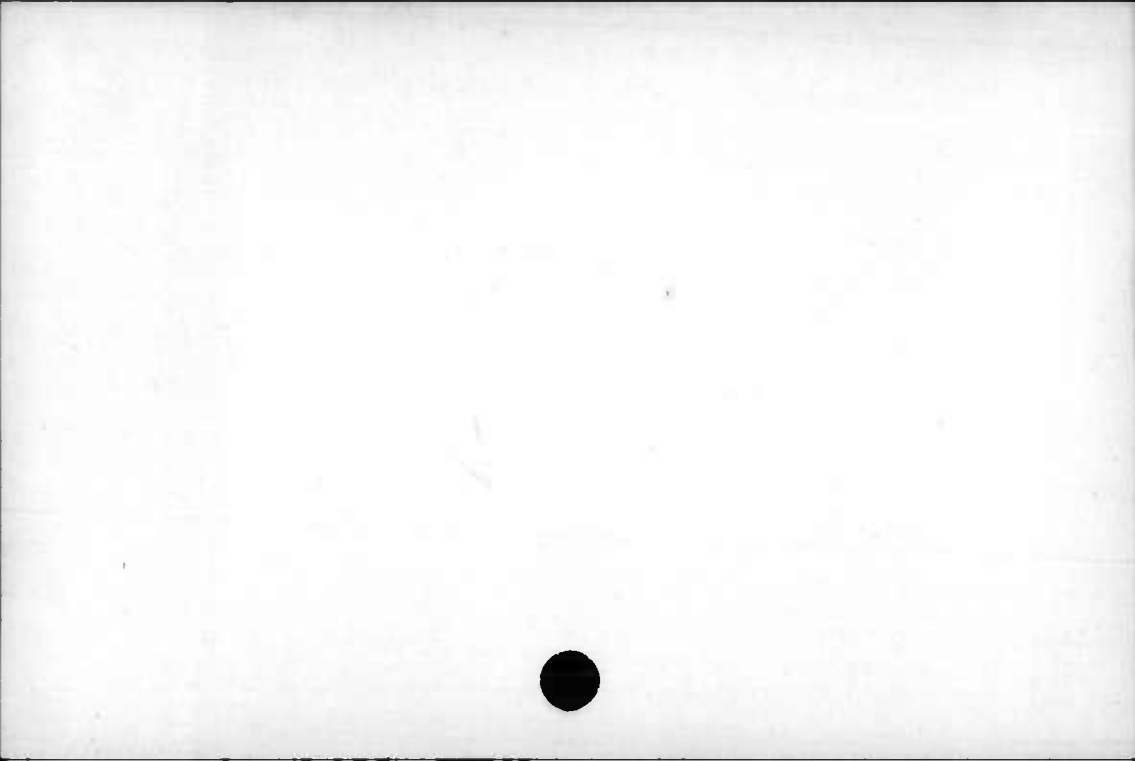
Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*R. S. Lyson*

Address

*Frederick*

Accident or Suicide?

*Ind*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

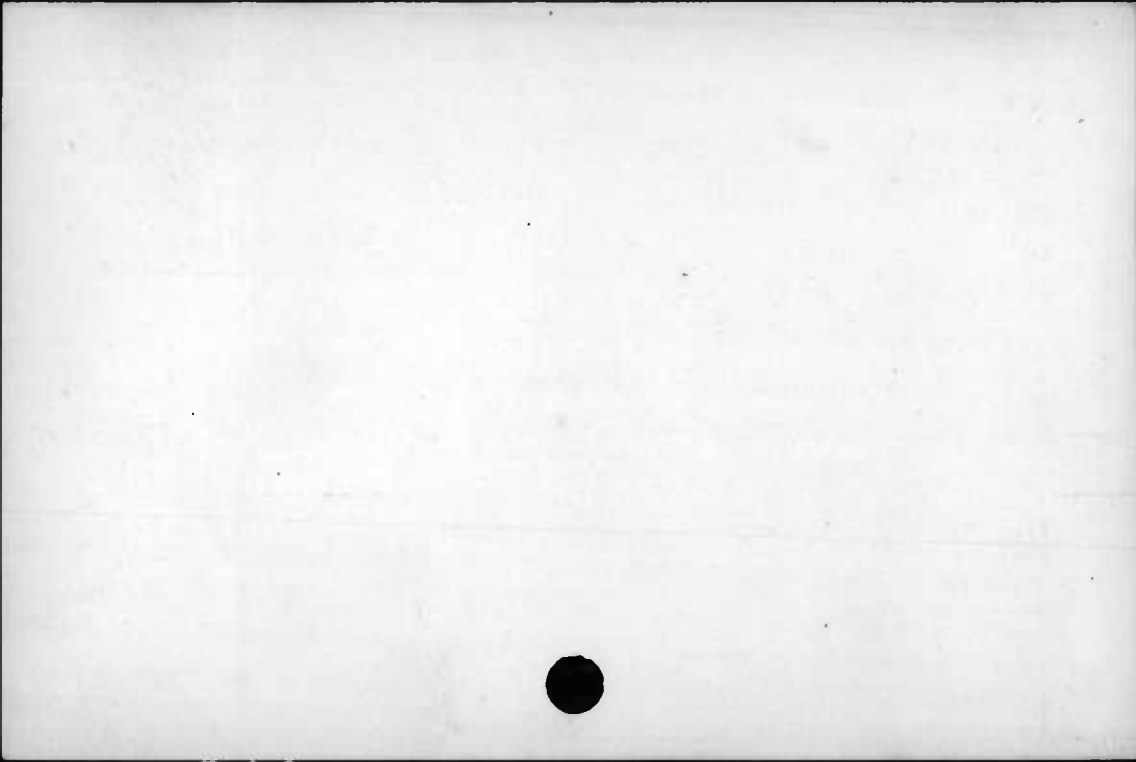
Name <i>Martha Ann Bridgman</i>		Town <i>Emmitsburg</i>		County <i>Frederick</i>		MARYLAND	
Died at		Month <i>May</i>		Day <i>29</i>		Years <i>74</i>	
Date of death <i>1907</i>		Months <i>3</i>		Days <i>14</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>			
Occupation <i>Sister of Charity</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Bridgman</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Catherine Barnett</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Sister Benedictine Orendorf</i>		How related to deceased <i>none</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Myocarditis</i>	How long	<i>three weeks</i>
Immediate	<i>Collapse of the walls of the heart</i>	How long	<i>15 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John B. Brauer, M.D.</i>	
		Address <i>Emmitsburg</i>	
Accident or Suicide?			



Name  
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Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

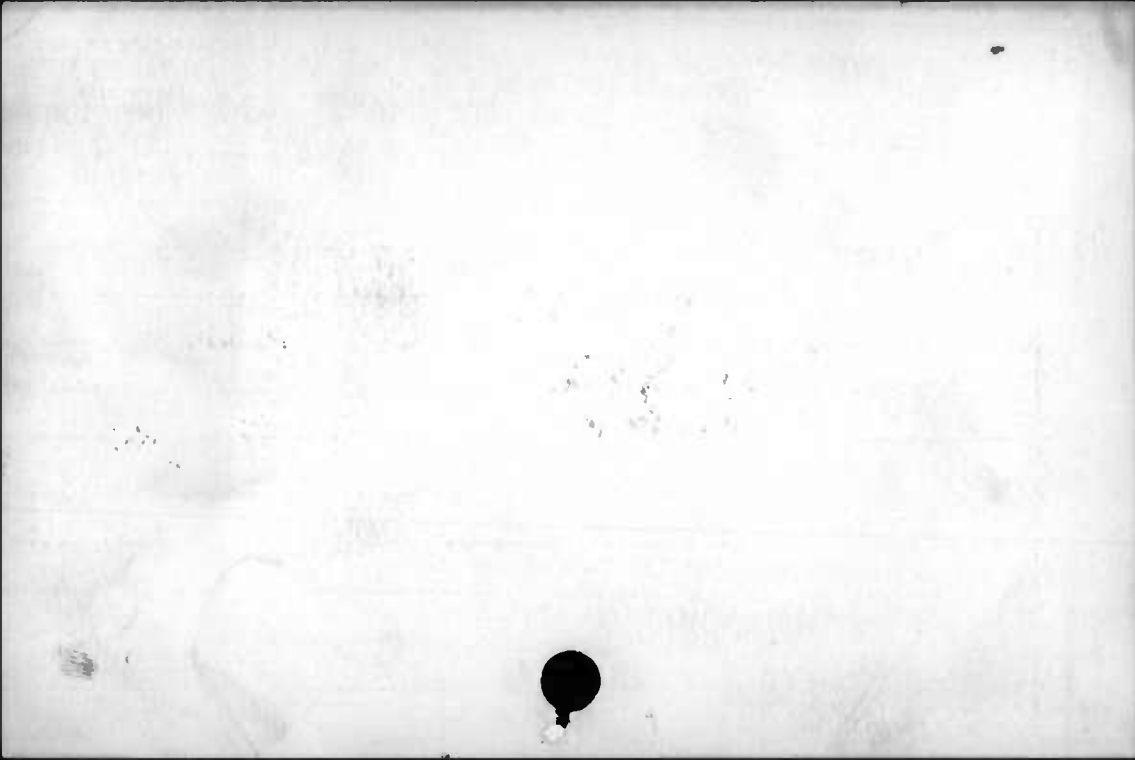
Name in Full <i>Hanna Elizabeth Buchman.</i>		Town <i>Foxville.</i>		County <i>Frederick.</i>		MARYLAND	
Died at <i>Foxville.</i>		Date of death <i>1907 May 3</i>		Age <i>5-2</i>		Months <i>8</i> Days <i>7</i>	
Sex <i>Female.</i>		Color or Race <i>White.</i>		Birthplace <i>Fred. Co.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Edward Buchman</i>					
Father's Name <i>William Gates</i>		Father's Birthplace <i>Fred. Co.</i>					
Mother's Maiden Name <i>Matilda Breen</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Edward Buchman</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

54

PHYSICIAN  
OR CORONER

Primary <i>Pernicious Anemia</i>	How long <i>1 year</i>
Immediate <i>Pneumonia - Collapse</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Morris A. Biny</i>
	Address <i>Thurmont - Md</i>
Accident or Suicide? <i>—</i>	



Name  
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Full

Elias Wesley Castle

## CERTIFICATE OF DEATH

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NEAREST FRIEND

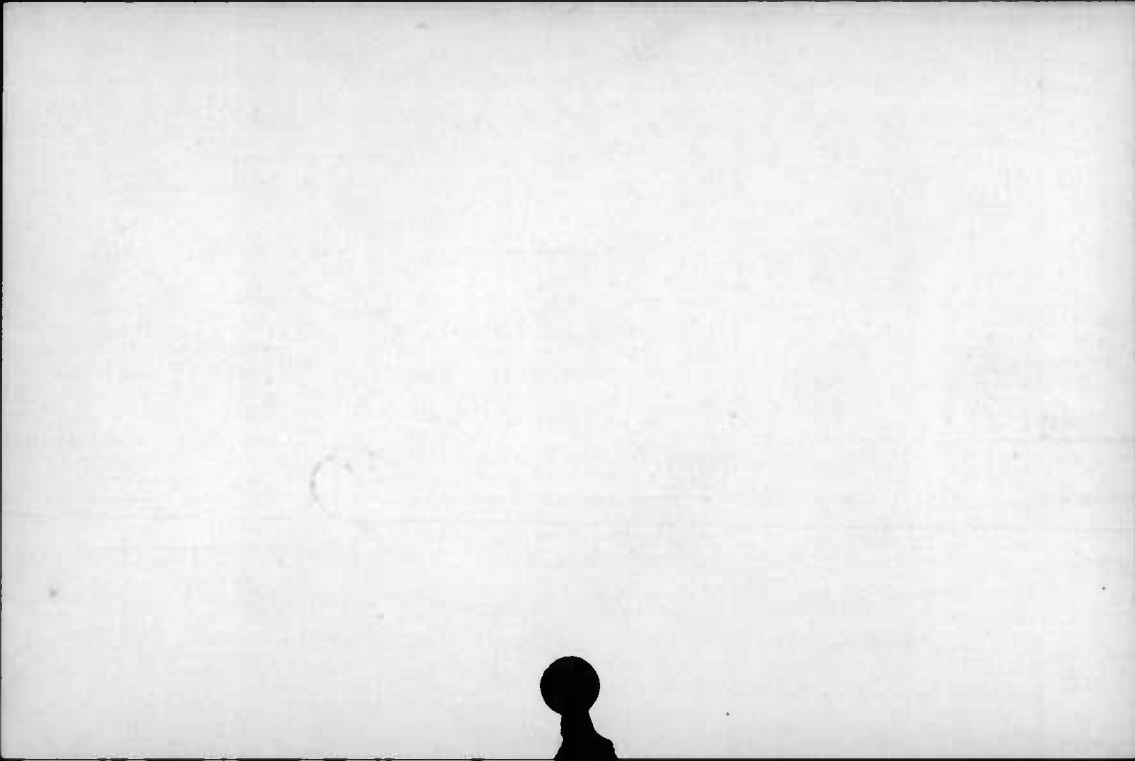
Died at <i>Holtsville</i>		Town <i>Holtsville</i>		County <i>Fredrick</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>12</i>		Age <i>70</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fredrick Co. Md.</i>		Months <i>1</i> Days <i>16</i>	
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>Holtsville</i>			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>Mary Elizabeth Bowles</i>			
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Mrs. Kirk Goucker</i>				How related to deceased <i>Daughter-in-law</i>			

## CAUSES OF DEATH

(50)

PHYSICIAN  
OR CORONER

Primary <i>Diabetic Mellitus</i>		How long <i>Several years</i>	
Immediate <i>Exhaustion</i>		How long <i>15 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Ralph Brownig</i>	
		Address <i>Myersville, Md.</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

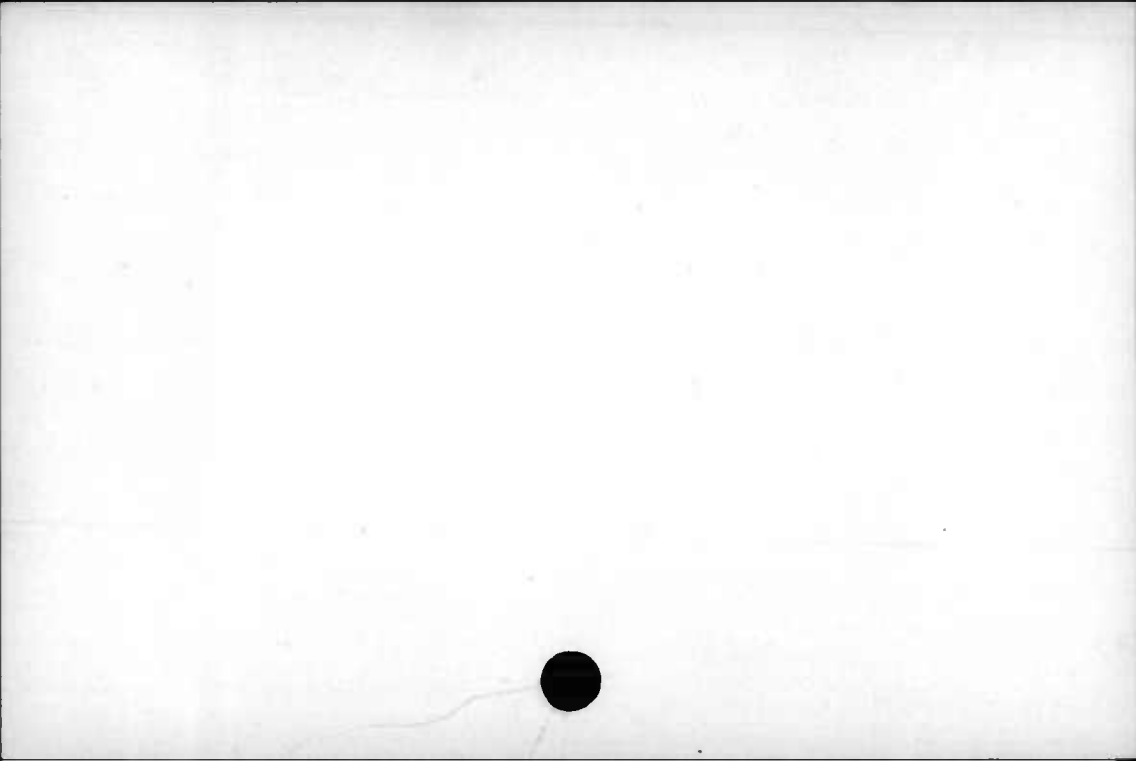
Name in Full <i>Stephen Clark</i>		Town <i>Monticure</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Monticure</i>		Month <i>5</i>		Day <i>8</i>		Years <i>42</i>	
Date of death <i>1907</i>		Month <i>5</i>		Day <i>8</i>		Years <i>42</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Unknown</i>			
Occupation <i>Domestic girl</i>		Where Residing if not at place of death <i>Unknown</i>					
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

69

PHYSICIAN  
OR CORONER

Primary	<i>Epileptic Convulsions</i>	How long <i>12 hours</i>
Immediate	<i>Cardiac Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. D. Lyons</i>
		Address <i>Frederick, Md</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

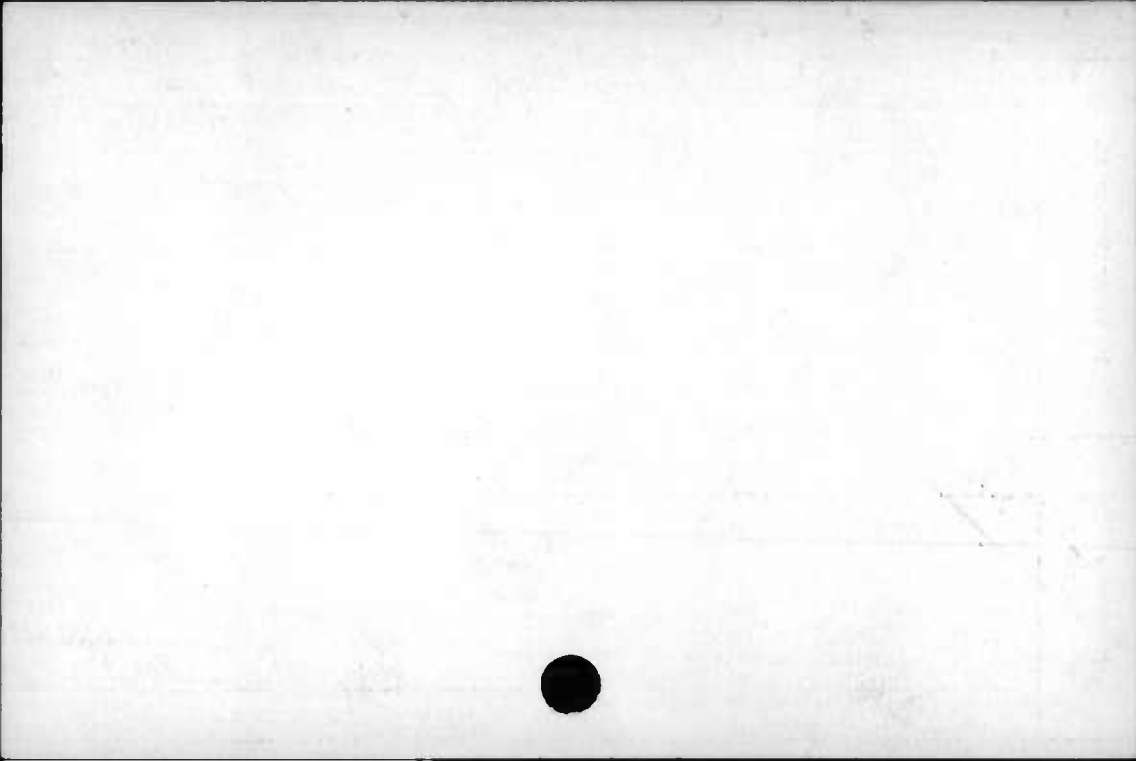
Name in Full <i>Leo Franklin Callins</i>		Town <i>Woodabond</i>		County <i>Fred. Co.</i>		MARYLAND	
Died at <i>Woodabond</i>		Month <i>May</i>		Day <i>8</i>		Age <i>2</i>	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>8</i>		Age <i>2</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Fred. Co. Md.</i>			
Occupation <i>Not any</i>		Where Residing if not place of death <i>✓</i>					
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Franklin William Ezra Callins</i>		Father's Birthplace <i>Fred. Co. Md.</i>					
Mother's Maiden Name <i>Caroline Virginia Brewer</i>		Mother's Birthplace <i>Fred. Co. Md.</i>					
Name of person giving information <i>Franklin W. E. Callins</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary <i>Dysentery</i>	How long <i>About 2 weeks.</i>
Immediate <i>General Asthenia</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. A. Stultz</i>
<i>So far as I know</i>	Address <i>Woodabond</i>
Accident or Suicide? <i>✓</i>	<i>Md.</i>



Name  
in  
Full

Davis No. 90.

## CERTIFICATE OF DEATH

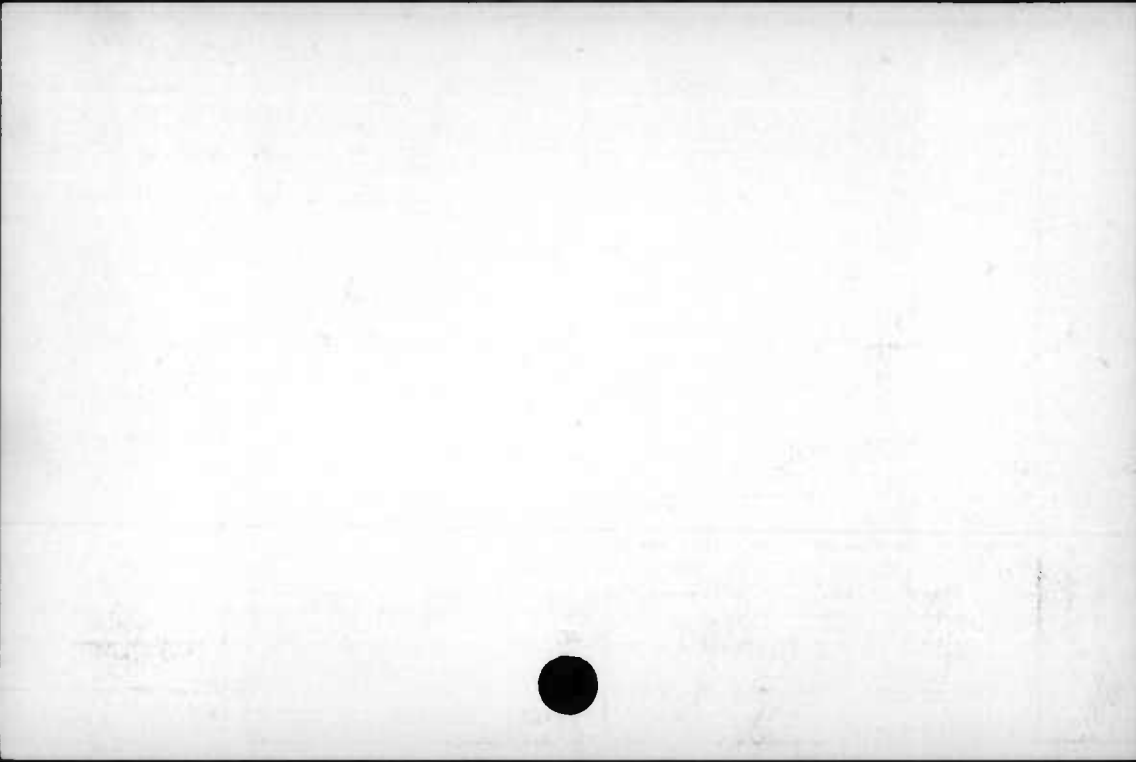
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Market</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>27</i>		Age <i>0</i>		Months <i>0</i> Days <i>3</i>	
Sex <i>Male</i>		Color or Race <i>black</i>		Birth-place <i>New Market, Md</i>					
Occupation <i>none</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>unmarried</i>							
Father's Name <i>Clifford Davis</i>		Father's Birthplace <i>Maryland</i>							
Mother's Maiden Name <i>Mary Hopkins</i>		Mother's Birthplace <i>Maryland</i>							
Name of person giving information <i>Clifford Davis</i>		How related to deceased <i>Father</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Convulsions</i>		<i>(71)</i>		How long <i>3 days</i>	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Hopkins M.D</i>			
		Address <i>New Market</i>			
Accident or Suicide? <i>no</i>		<i>Fredk. Co., Md.</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

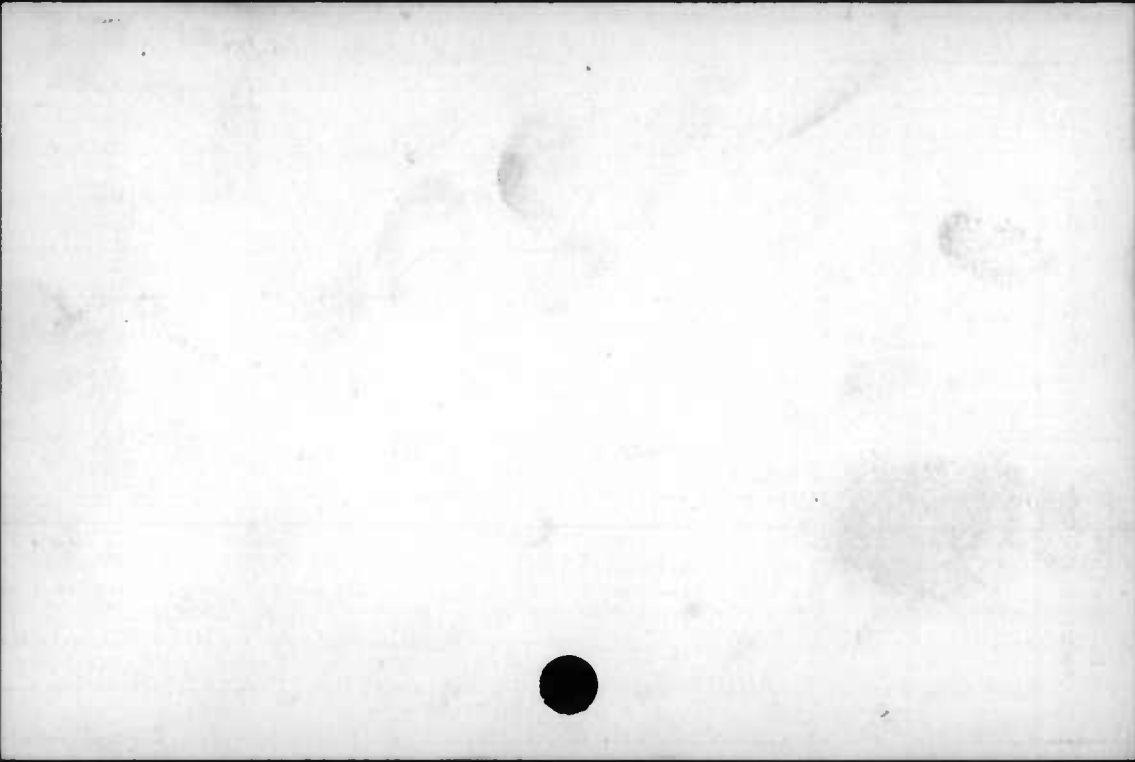
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bolivar</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>May</i>	Day	<i>12</i>
Age	<i>68</i>	Years	<i>1</i>	Months	<i>5</i>
Sex	<i>Man</i>	Color or Race	<i>White</i>	Birth-place	<i>Middletown</i>
Occupation	<i>Farmer</i>	Where Residing if not at place of death <i>Bolivar</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>Catharine Derr</i>			
Father's Name	<i>Philip Derr</i>			Father's Birthplace	<i>Middletown</i>
Mother's Maiden Name	<i>Elizbeth Cronie</i>			Mother's Birthplace	<i>Middletown</i>
Name of person giving information	<i>Samuel Bondus</i>			How related to deceased	<i>Son-in-law</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis Cerebral -</i>	How long	<i>4 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. S. Davis</i>
		Address	<i>Brownboro Md</i>
Accident or Suicide?			





Name  
in  
Full

Margaret Kay Devilbiss

## CERTIFICATE OF DEATH

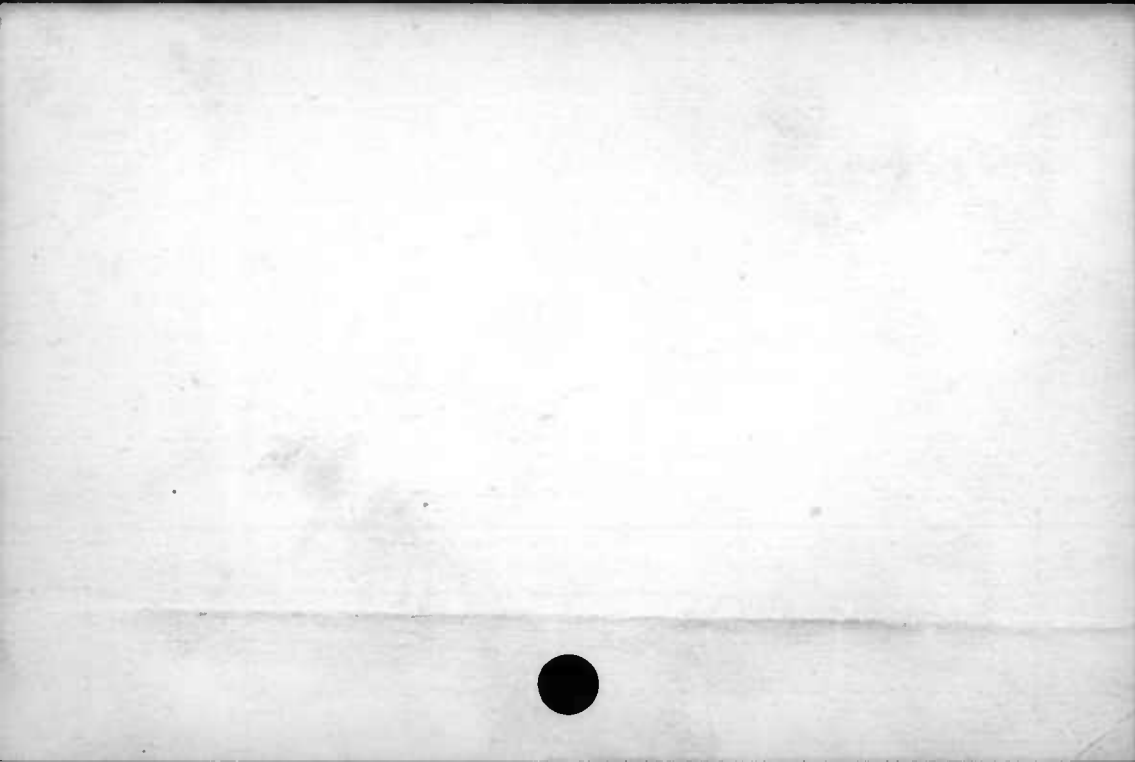
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Unionville</i>		County <i>Frederick</i>		MARYLAND	
Date of death		Month <i>May</i>	Day <i>12</i>	Years <i>17</i>	Months <i>8</i>		Days <i>14</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>At place of death</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Has none</i>					
Father's Name <i>Lee F. Devilbiss</i>		Father's Birthplace <i> Md.</i>					
Mother's Maiden Name <i>Mary Shipley</i>		Mother's Birthplace <i> Md.</i>					
Name of person giving information <i>Clarence S. Smith</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Abscess on Lung</i>	How long	<i>(99)</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Thos. P. Sappington M.D.</i>	
		Address <i>Unionville</i>	
Accident or Suicide? <i>Neither</i>		<i>Maryland</i>	



Name  
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Full

William Francis Eastwood

## CERTIFICATE OF DEATH

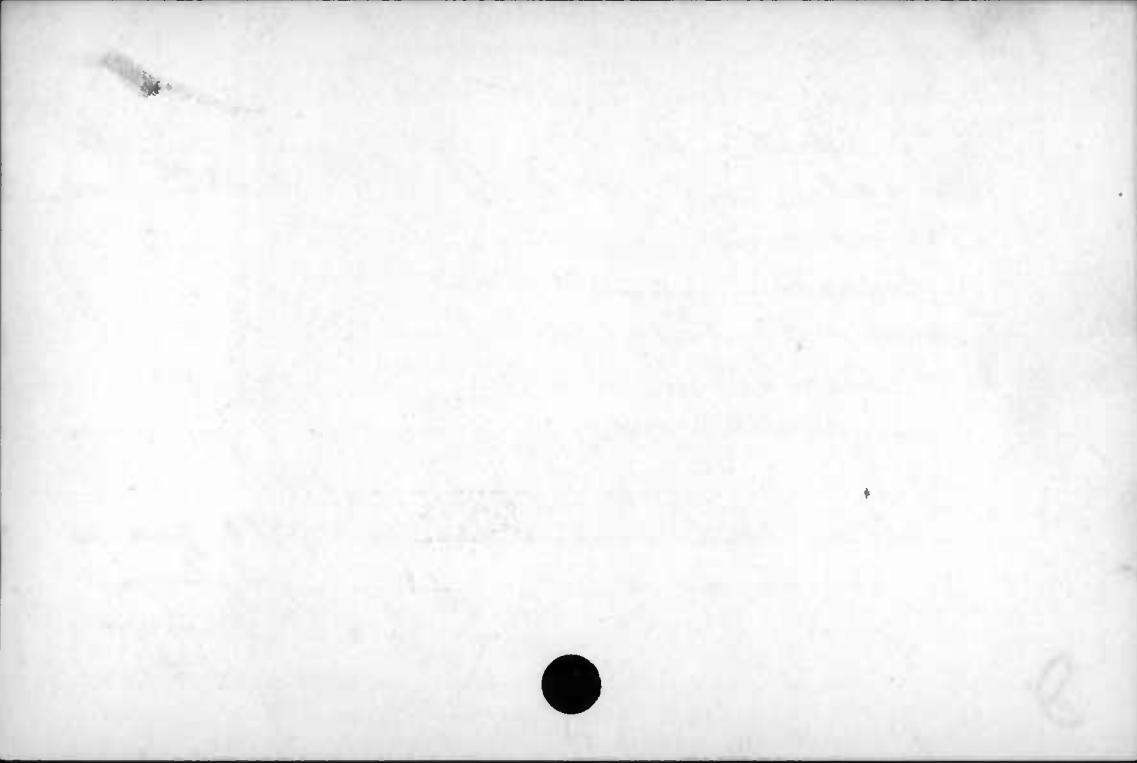
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Jefferson		Frederick		MARYLAND	
Date of death		1907	Month 5	Day 2	Age 66	Months 7	Days 16
Sex	Male		Color or Race	White		Birth-place	Jefferson
Occupation	Carpenter		Where Residing if not at place of death Jefferson				
Married, Single or Widowed	Married		Name of Wife or Husband	Martha Ellen Eastwood			
Father's Name	Geo Eastwood					Father's Birthplace	Jefferson
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary			How long	1141
Immediate	Peritonitis		How long	4 Days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	H B Baker Esq.
			Address	Jefferson Frederick, Md
Accident or Suicide?				



Name  
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Full

James Ferman Mc H. Evans

## CERTIFICATE OF DEATH

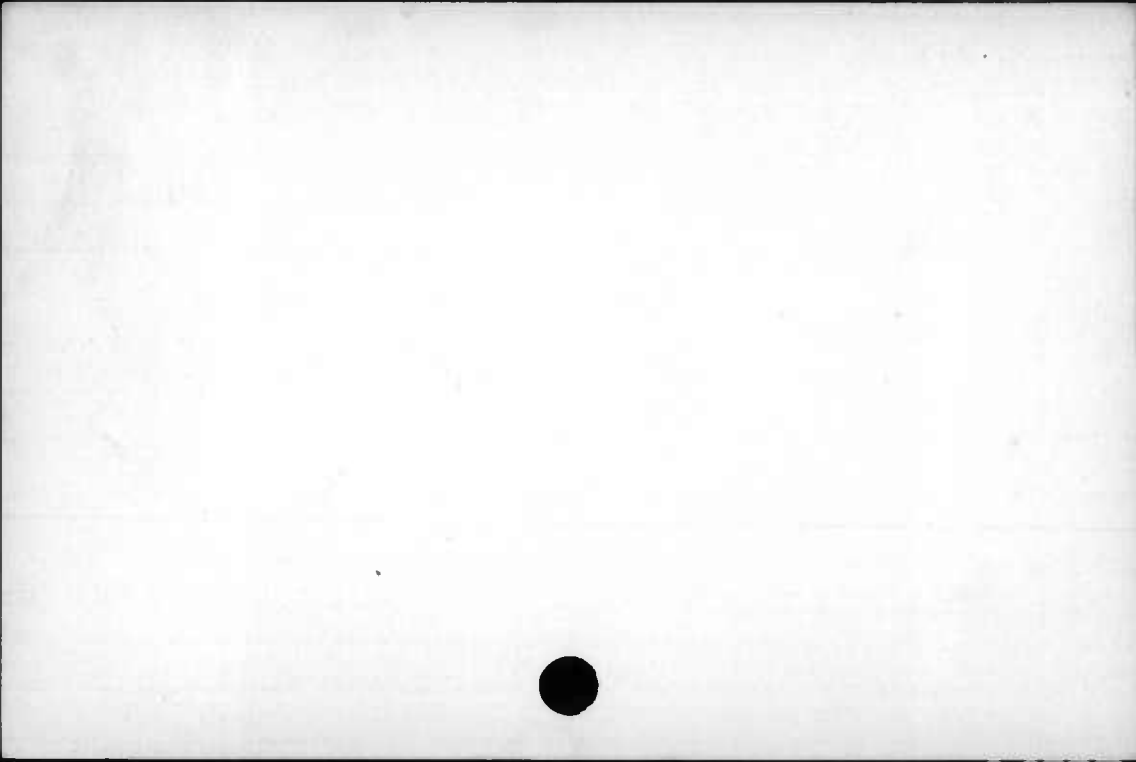
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Burkittsville</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	May	Day	2
Age	10	Years		Months	9
				Days	4
Sex	Male	Color or Race	Colored	Birth-place	md
Occupation	Child	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Garrison Evans			Father's Birthplace	md
Mother's Maiden Name	Sara E. Cottrell			Mother's Birthplace	md
Name of person giving information	Garrison Evans			How related to deceased	Relatives

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>6 mo</u>
Immediate	<u>Exhaustion</u>	How long	<u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Y</u>		<u>George Butler</u>	
		Address	
		<u>Burkittsville</u>	
Accident or Suicide?			



Name

in  
Full

Simon Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

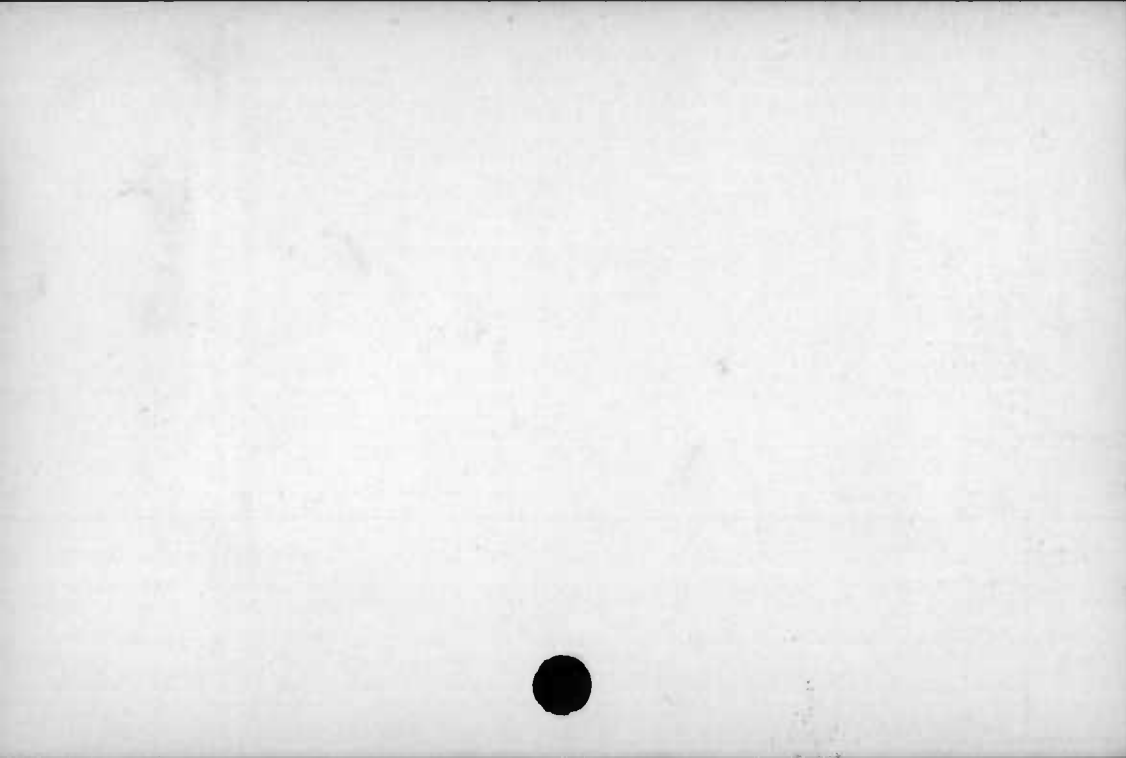
Died at <i>Monticome Hospital</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>7</i>	Age <i>88</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Frederick Co.</i>					
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Evans</i>		<i>Maiden name unknown</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>						
Name of person giving information <i>Hospital Record</i>		How related to deceased					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Genl Debility</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. S. Lyson</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	





Name

In  
Full

Charles Evans

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Monticome Hospital</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>25th</i>	Years <i>74</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>unknown</i>		
Occupation <i>Domestic</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>unknown</i>		✓		Father's Birthplace <i>unknown</i>	
Mother's Maiden Name <i>unknown</i>		✓		Mother's Birthplace <i>unknown</i>	
Name of person giving information <i>Respected friends</i>				How related to deceased	

## CAUSES OF DEATH

179

How long

How long

PHYSICIAN  
OR CORONERPrimary *Acute Schizophrenia*Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*R. S. Lyson*  
*Frederick,*  
*Md*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDSarah E. Fritz  
Town *oak orchard*County *Frederick*

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death 1907

May

3

Age

49

7

1

Sex

*Female*Color or  
Race*W*Birth  
place*md*

Occupation

*House Wife*Where Residing if not  
at place of death*Oak Orchard*Married, Single  
or Widowed*M*Name of Wife or  
Husband*Wesley Fritz*Father's  
Name*Daniel Lambert*Father's  
Birthplace*md*Mother's  
Maiden Name*Elizabeth Golly*Mother's  
Birthplace*md*Name of person giving  
In formation*B. J. Brooks M.D.*How related  
to deceased*no*

## CAUSES OF DEATH

Primary

*Apoplexy*

How long

*2 hours.*

Immediate

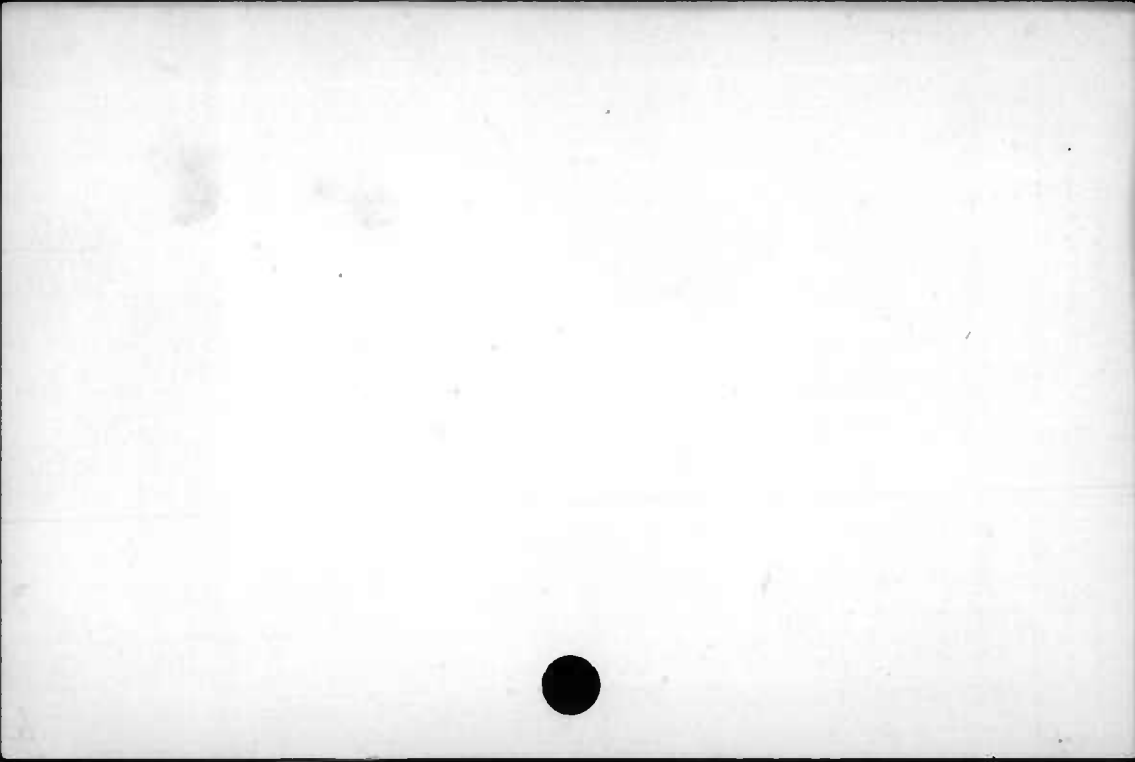
Are the name, age, sex, color, date  
and place correctly given above?*Yes.*Signature of  
Physician

Address

*F. G. Brooks*  
*Marston Ind.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

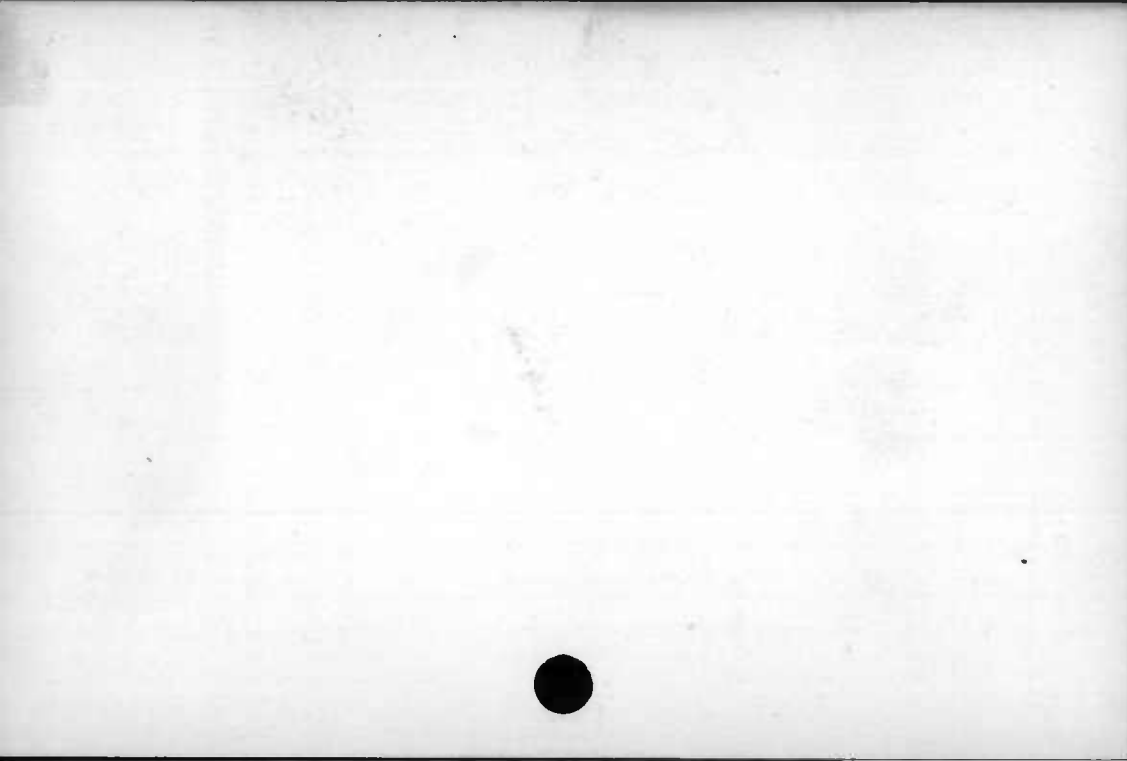
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>James T. Trye</i>		Town <i>Hope Hill</i>		County <i>Tred-</i>		MARYLAND	
Died at <i>Hope Hill</i>		Month <i>May</i>		Day <i>4</i>		Age <i>0</i>	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>4</i>		Years <i>0</i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>md</i>		Months <i>5</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Same</i>		Days <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Days <i>—</i>		Days <i>—</i>	
Father's Name <i>James Trye</i>		Father's Birthplace <i>md</i>		Days <i>—</i>		Days <i>—</i>	
Mother's Maiden Name <i>Estelle Johnson</i>		Mother's Birthplace <i>md</i>		Days <i>—</i>		Days <i>—</i>	
Name of person giving information <i>Estelle J. Trye</i>		How related to deceased <i>Mother</i>		Days <i>—</i>		Days <i>—</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>	How long <i>1 wk</i>
Immediate <i>(91)</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. Clyde Routsom</i>
Address <i>Buckeye town</i>	
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Mariah Ruthe Fuss

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>Near Emmitsburg</i>		Town <i>Emmitsburg</i>		County <i>Frederick</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>17</i>	Age	<i>11</i>	Months <i>11</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Near Emmitsburg Md</i>				
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Edward M. Fuss</i>	Father's Birthplace <i>Frederick Co. Md</i>						
Mother's Maiden Name <i>Mary C. Baumgardner</i>	Mother's Birthplace <i>Carroll Co. Md</i>						
Name of person giving information <i>Edward M. Fuss</i>	How related to deceased <i>Father</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measles</i>	How long <i>3 days</i>
Immediate <i>Bronchopneumonia</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Michelburgers</i>
	Address <i>Emmitsburg Maryland</i>
Accident or Suicide?	





Name  
in  
Full

Bertha Gardner.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Monticello</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1907	Month	5	Day	30	Age	40
Sex	Female	Color or Race	Colored	Birth-place	Unknown		
Occupation	Lunatic Lunatic			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband				
Father's Name	Unknown			Father's Birthplace			
Mother's Maiden Name	Unknown			Mother's Birthplace			
Name of person giving information	Hospital Records			How related to deceased			

## CAUSES OF DEATH

Primary *Hanging,* How long *157*

Immediate *This was a case of mania* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*Suicide*



Name  
in  
Full

Olinus M. Hood,

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Montgomery Hospital</i>		Town <i>Frederick Co.</i>		County <i>Frederick Co.</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>5</i>	Day <i>13</i>	Age <i>43</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co.</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie M. Woodkins</i>					
Father's Name <i>Joshua Hood</i>		Father's Birthplace <i>Frederick Co.</i>					
Mother's Maiden Name <i>Hannah Brashers</i>		Mother's Birthplace <i>Frederick Co.</i>					
Name of person giving information <i>Marion C. Hood</i>		How related to deceased <i>Brother-in-law</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Heart Paralysis</i>	How long	<i>24 hours</i>
Immediate	<i>Cardiac Paralysis</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>R. S. Tyson,</i>	
		Address <i>Frederick, Md.</i>	
Accident or Suicide?			



Name in Full		J. P. House				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Marysville <del>Brunswick</del>		Frederick		MARYLAND	
	Date of death	1907	May	31	Age	48	Months 9
	Sex	Male		Color or Race	White		
	Occupation	Ice Gate Keeper		Where Residing if not at place of death		Burrheadville Md	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Eli. J. House		Father's Birthplace		Va	
	Mother's Maiden Name	Mary Purdon		Mother's Birthplace		Va	
Name of person giving In formation	C. H. J. J. J. J.		How related to deceased		Undertaker		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Drowning		How long			
	Immediate	Probably fell into canal		How long			
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		X in trust	
	Address			Burrheadville, Frederick Co			
Accident or Suicide?							



Name  
in  
Full

Infant - (no name)

Huffer

## CERTIFICATE OF DEATH

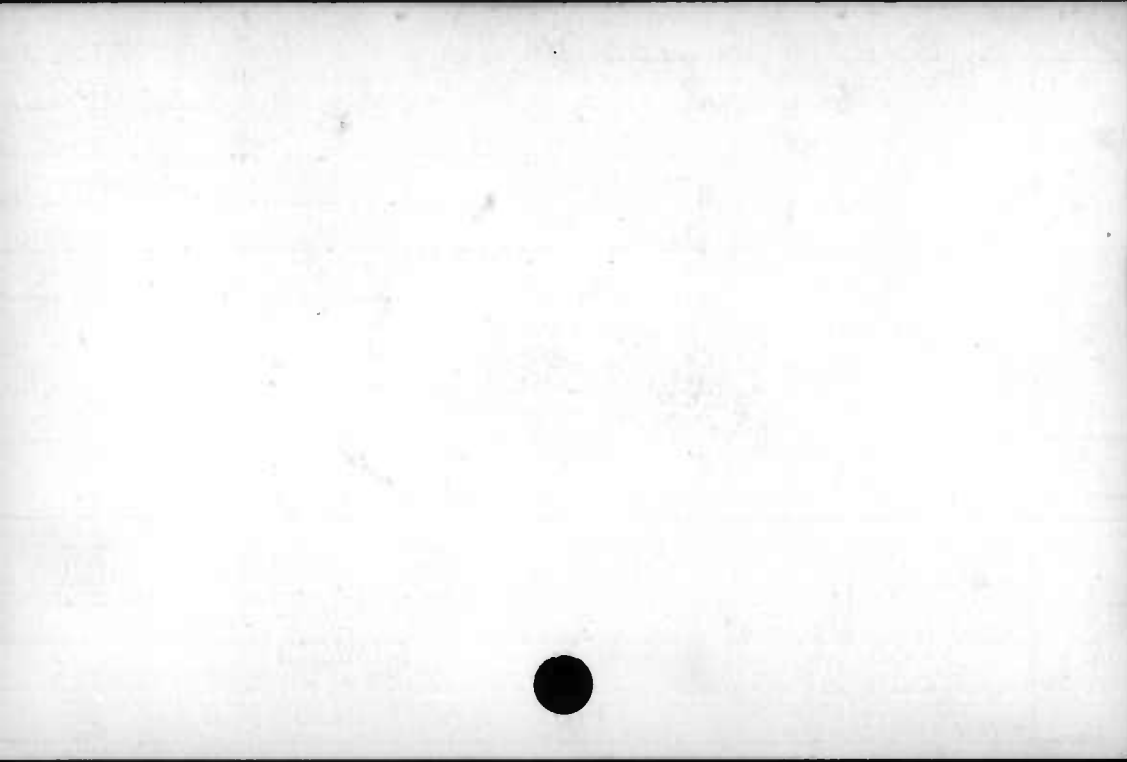
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frosttown</u> <sup>Town</sup>		<u>Fred</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	Month	<u>May</u>	Day	<u>2</u>
Age		Years		Months	Days
				<u>12</u>	
Sex	<u>Girl</u>	Color or Race	<u>White</u>	Birth-place	<u>Fred Co</u>
Occupation		Where Residing if not at place of death			
Married <del>Single</del> <u>Single</u>		Name of Wife or Husband			
Father's Name		<u>Howard Huffer</u>		Father's Birthplace	<u>Fred Co.</u>
Mother's Maiden Name		<u>Mary E. Moser</u>		Mother's Birthplace	<u>Fred. Co</u>
Name of person giving information		<u>Howard Huffer</u>		How related to deceased	<u>Father</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Premature Birth</u>	(151) How long	<u>12 days</u>
Immediate	<u>Inanition</u>	How long	<u>12 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Dr. S. Davis</u>
		Address	<u>Boonboro Md</u>
Accident or Suicide?			





Name  
in  
Full

Cecelia Jackson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

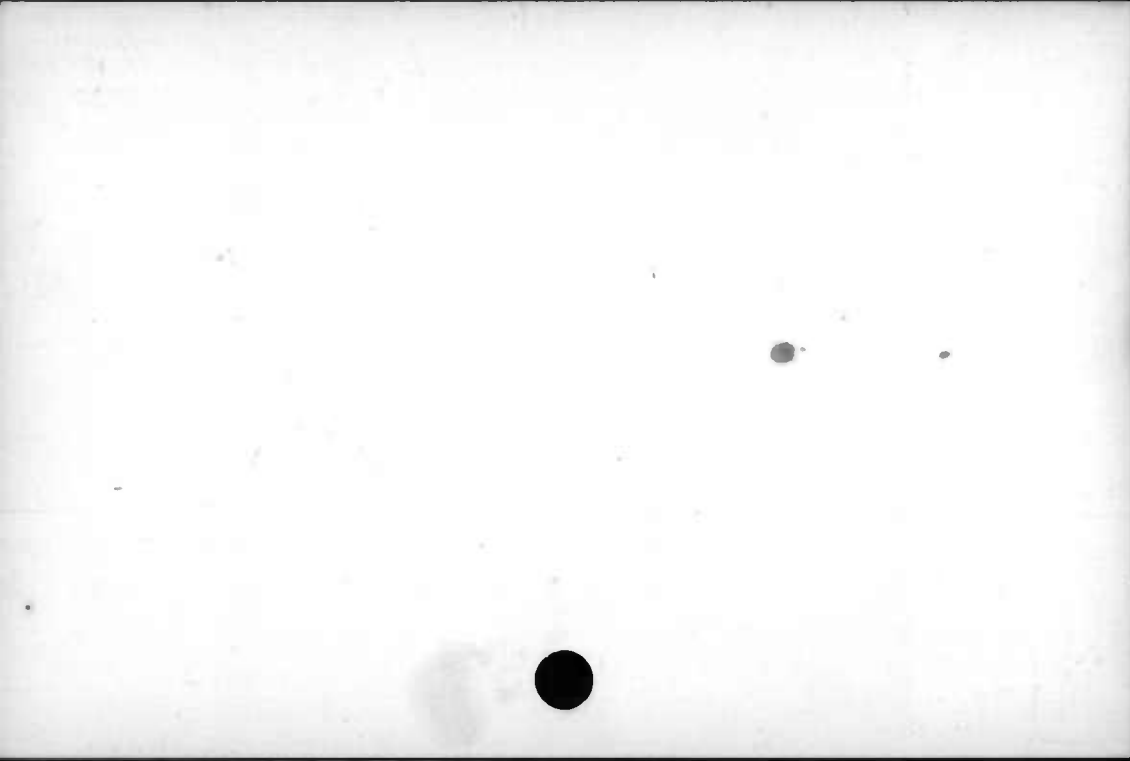
Died at <u>Hopeland</u> <sup>Town</sup>		<u>Fredk.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>5</u>	Day <u>28</u>	Age <u>66</u>	Months <u>2</u>	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Med</u>			
Occupation <u>House Wife</u>	Where Residing <u>Same</u> at place of death				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Abraham Jackson</u>				
Father's Name <u>Jeremiah Snowden</u>	Father's Birthplace <u>Med</u>				
Mother's Maiden Name <u>Asia Snowden</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>J. Daniel Carroll.</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

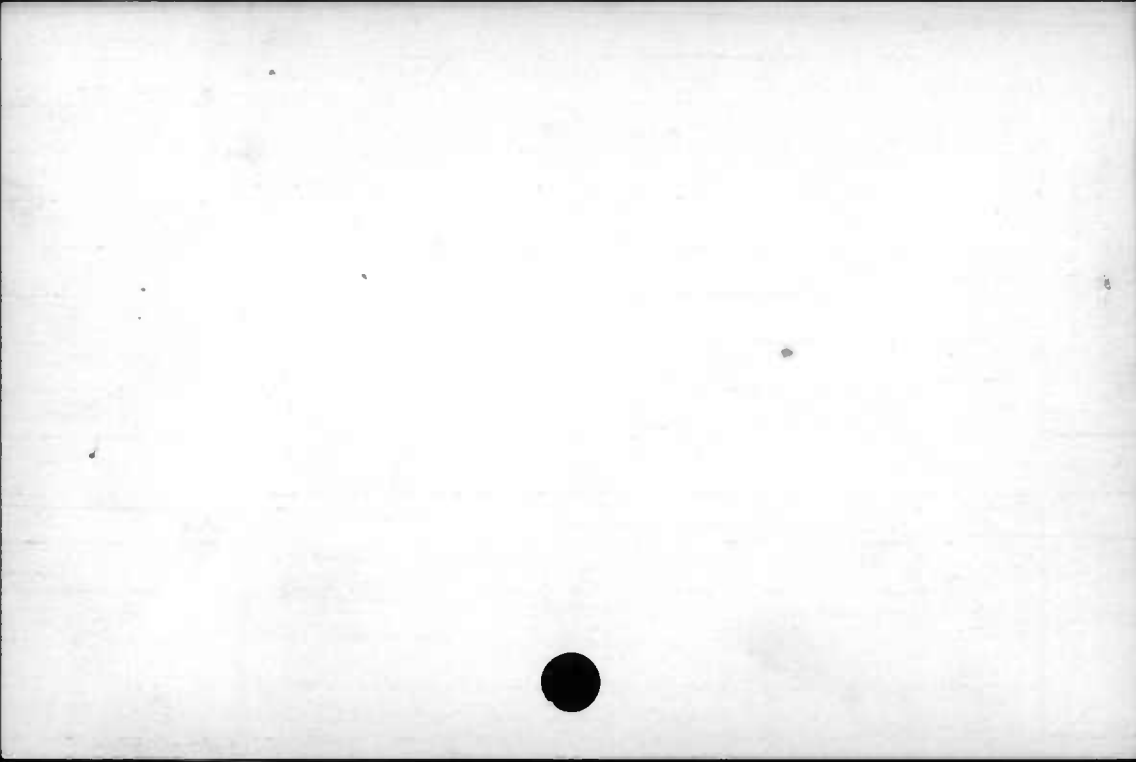
79

PHYSICIAN  
OR CORONER

Primary	<u>Cardiac Valvular Lesion</u>	How long <u>Several years</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>D. W. G. Bourne</u>
		Address <u>Frederick, Md.</u>
Accident or Suicide?	<u>—</u>	



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Knoxville</i>		County <i>Franklin</i>		MARYLAND		
		Date of death <i>1907</i>	Month <i>May</i>	Day <i>8</i>	Age <i>23</i>	Years <i>2</i>	Months <i>—</i>	Days <i>—</i>
		Sex <i>Female</i>	Color or Race- <i>Colored</i>		Birth- place <i>Va</i>			
		Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Knoxville</i>				
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Edward Jackson</i>					
		Father's Name <i>— Chin...</i>	Father's Birthplace <i>Va</i>					
		Mother's Maiden Name <i>(Do not know)</i>	Mother's Birthplace <i>"</i>					
		Name of person giving In formation <i>Edward Jackson</i>		How related to deceased <i>Husband</i>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Do not know</i>		How long <i>179</i>				
		Immediate <i>Exhaustion - coma?</i>		How long				
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. R. C. ...</i>		Address <i>Brunswick, Md.</i>		
		<i>I was not called in this case until after it was dying</i> <i>Could not be satisfied</i> <i>evidence of the cause of death - ...</i>						
LIBRARY BUREAU A88618								



Name  
in  
Full

William James

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

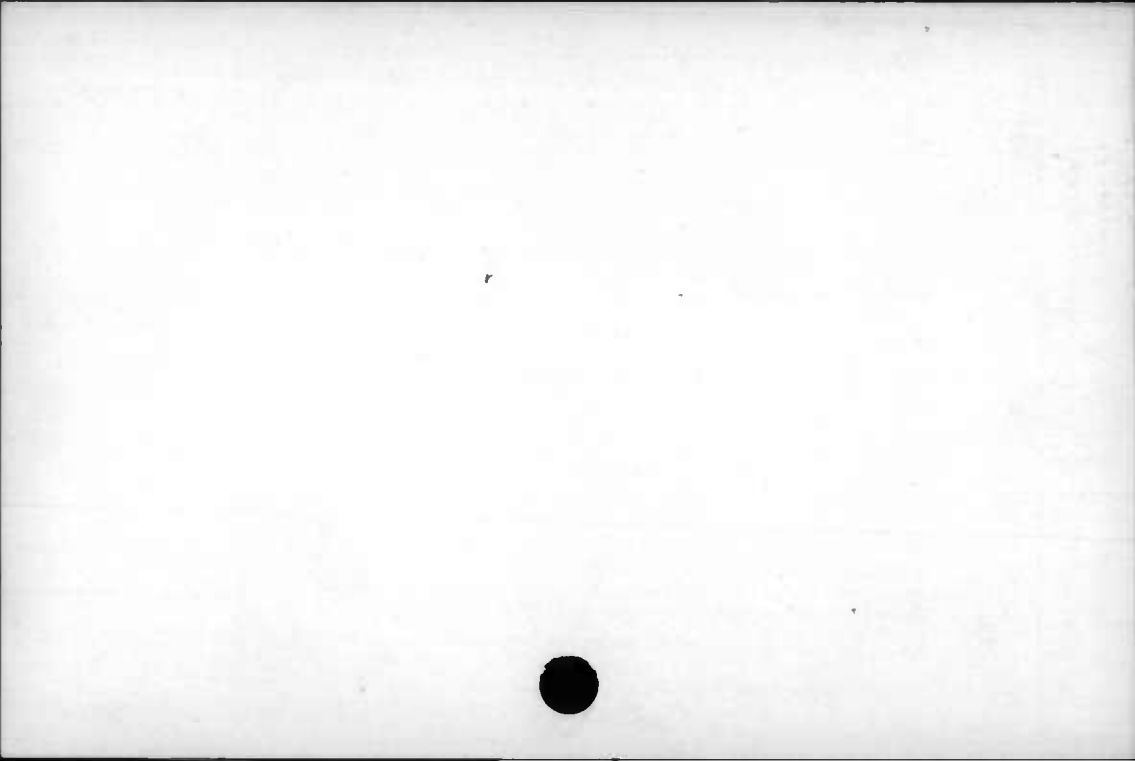
Died at		Town <i>Freak</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	1907	Month <i>May</i>	Day <i>29</i>	Age	Years <i>11</i>	Months	Days <i>-</i>
Sex	<i>male</i>		Color or Race	<i>Blk</i>		Birth-place	<i>Ind</i>
Occupation	<i>none</i>			Where Residing if not at place of death			
<del>Married Single</del>	<i>Single</i>		Name of Wife or Husband <i>none</i>				
Father's Name	<i>Wm James</i>					Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Mary Merritt</i>					Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Harriet Merritt</i>					How related to deceased	<i>Mother</i> <i>Grand</i>

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Phticosis Pulmon</i>		How long	<i>unknown</i>
Immediate	<i>Exhaustion</i>		How long	<i>~</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>Wm J. Schmitt</i>
			Address	<i>Freak Ind</i>
Accident or Suicide?		<i>no</i>		



Name  
in  
Full

Ann E. Keller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Airy</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>11</i>	Age <i>70</i>	Months <i>1</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Joseph Keller</i>			
Father's Name <i>Mr Watters</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Henetta Pardum</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>McKellie</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

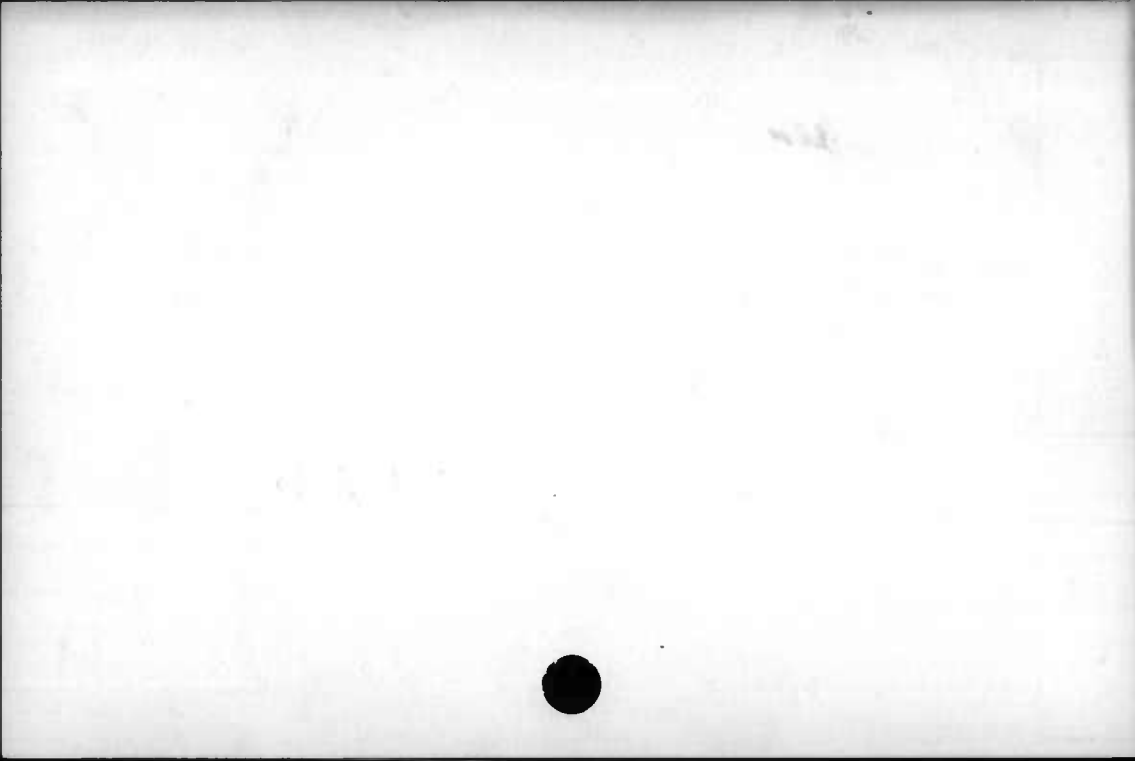
PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>27</i>
Immediate <i>Asthma</i>	How long <i>5 yrs, 1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W E Gawn</i>
	Address <i>Mt Airy Ind</i>
Accident or Suicide?	





Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Frederick</i> <small>Town</small>		County <i>Frederick</i>		
		Date of death <i>1907 May 7</i>		Age <i>7</i> <small>Years</small>	Months <i>7</i>	Days <i>19</i>
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Frederick</i>		
		Occupation <i>X</i>	Where Residing if not at place of death <i>X</i>			
		Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>X</i>			
FATHER'S NAME <i>Wm. H. Huig</i>		Father's Birthplace <i>Frederick Co</i>		Mother's Birthplace <i>Frederick Co</i>		
		Mother's Maiden Name <i>Mrs. Castle</i>		How related to deceased <i>Father</i>		
		Name of person giving information <i>Wm. H. Huig</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Bronchial Pneumonia</i>		How long <i>2 weeks.</i>		
		Immediate <i>Exhaustion</i>		How long <i>2 days.</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Franklin Buchanan Smith</i>		
				Address <i>Frederick, Md.</i>		
		Accident or Suicide?				



Name  
in  
Full

Henry

Roogie

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death		1907	Month <i>May</i>	Day <i>11</i>	Age <i>20</i>	Years <i>11</i>	Months <i>0</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Supt Boys at School for Deaf</i>		Where Residing if not at place of death <i>[Signature]</i>					
Married, Single or Widowed		Name of Wife or Husband <i>[Signature]</i>					
Father's Name <i>Charles M. Ely</i>		Father's Birthplace <i>New Britain</i>					
Mother's Maiden Name <i>Amanda B. Wain</i>		Mother's Birthplace <i>Middleton</i>					
Name of person giving information <i>Alice Roogell</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary	<i>Blow on head by pitched base-ball</i>		How long
Immediate	<i>Cerebral hemorrhage</i>		<i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Wm Crawford Johnson</i>
			Address <i>Frederick Md</i>
Accident or Suicide?			



Name  
in  
Full

Thomas Lamar

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mountain Hospital Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>29</i>		Age <i>80</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>unknown</i>			
Occupation <i>shoemaker</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

179

How long

How long

PHYSICIAN  
OR CORONERPrimary *Heart disability*Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

*yes -*

Signature of Physician

Address

*R. S. Lyson,*  
*Frederick,*  
*Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

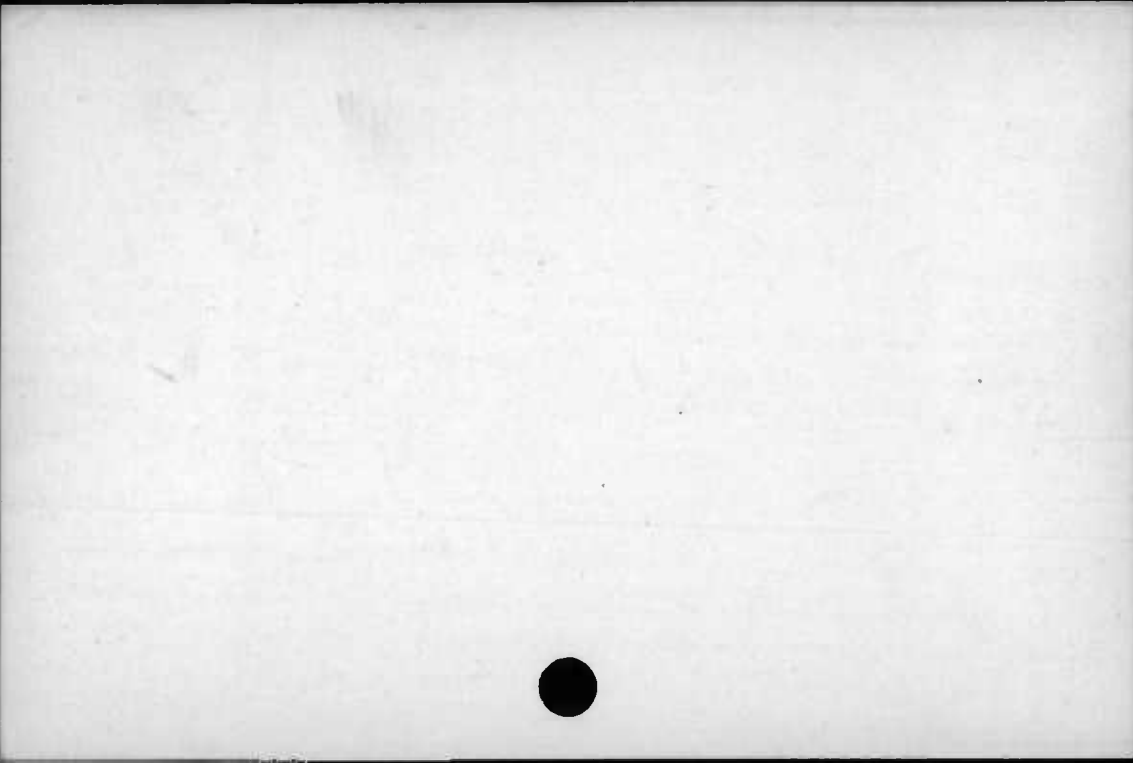
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellerton</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death <i>1904</i>		Month <i>5</i>	Day <i>6</i>	Age <i>67</i>	Months <i>1</i> Days <i>1</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ellerton</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Ellerton</i>			
Married, Single or Widowed		Name of <del>Wife or</del> Husband <i>Adam Leatherman</i>			
Father's Name <i>Daniel Nashman</i>		Father's Birthplace <i>Ellerton</i>			
Mother's Maiden Name <i>Lydia Grossnickle</i>		Mother's Birthplace <i>Ellerton</i>			
Name of person giving information <i>Delia Carter</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	<i>64</i>	How long <i>Several Years</i>
Immediate <i>Apoplexy</i>		How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Ralph Browning</i>
		Address <i>Myersville, Md.</i>
Accident or Suicide?		





Name  
in  
Full

Carrie Lewis

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at near ~~Washington~~

-Ind-

Date

of death 1907

Month

May

Day

16

Years

22

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Fred. Co. Md

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Charles Lewis

Father's  
Birthplace

Fred. Co. Md

Mother's  
Maiden Name

Lee Lawson

Mother's  
Birthplace

" " "

Name of person giving  
In formation

John W. Lawson

How related  
to deceased

Cousin

## CAUSES OF DEATH

Primary

119

How long

Immediate

Acute Nephritis

How long

Ten days

Are the name, age, sex, color, date  
and place correctly given above?

yes

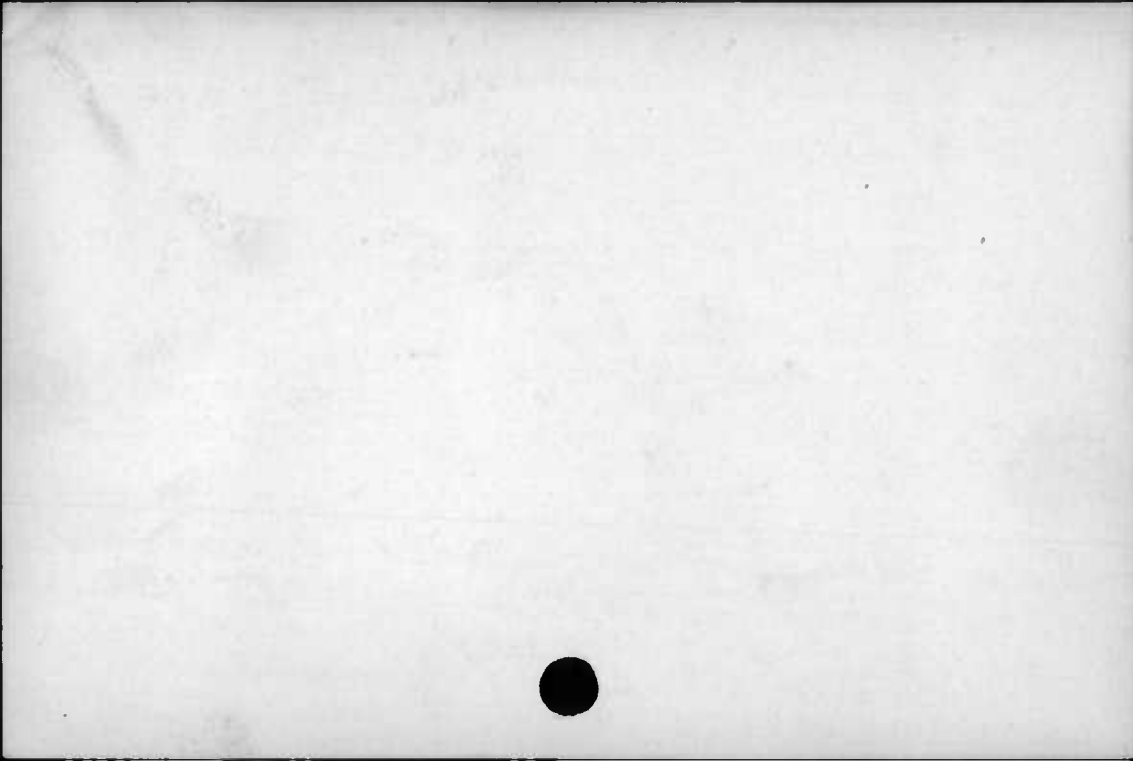
Signature of  
Physician

Address

D. G. Deets  
Baltimore Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
FullMary C. M<sup>c</sup>Gaha

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

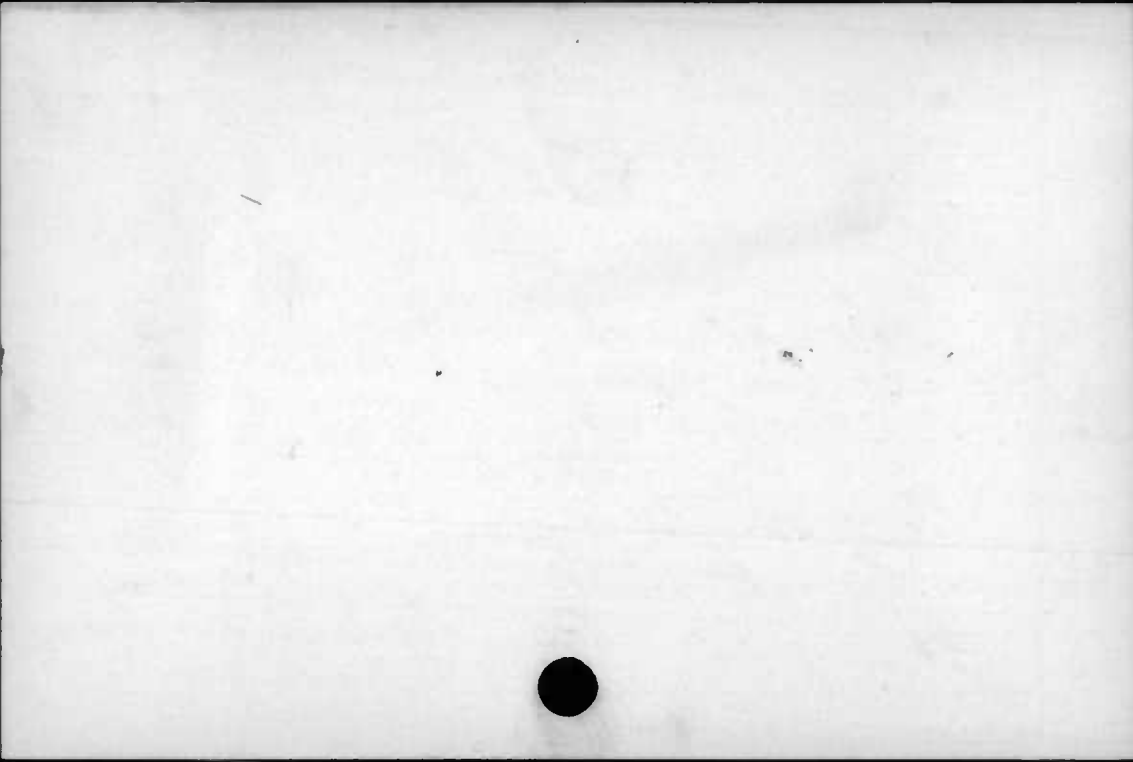
Died at <u>Brunswick</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>6</u>	Age <u>71</u>	Years <u>11</u>	Months <u>14</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Pa.</u>		
Occupation <u>Housework</u>		Where Residing If not at place of death			
Married, Single or Widowed <u>Widowed</u>	Name of <del>husband</del> <u>Joseph M<sup>c</sup>Gaha</u>				
Father's Name <u>George Lauham</u>	Father's Birthplace <u>Pa.</u>				
Mother's Maiden Name <u>Rebecca Swick</u>	Mother's Birthplace <u>Pa.</u>				
Name of person giving information <u>Sam M<sup>c</sup>Gaha</u>		How related to deceased <u>Son</u>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>4 months ago</u>
Immediate <u>Exhaustion, Quercus</u>	How long <u>4 months ago</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Linn West</u>
<u>lung emphysema</u>	Address <u>Brunswick-Frederick Co</u>
Accident or Suicide? <u>Immortalization</u>	



Name  
in  
Full

*Alonso Pierce Marsh*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

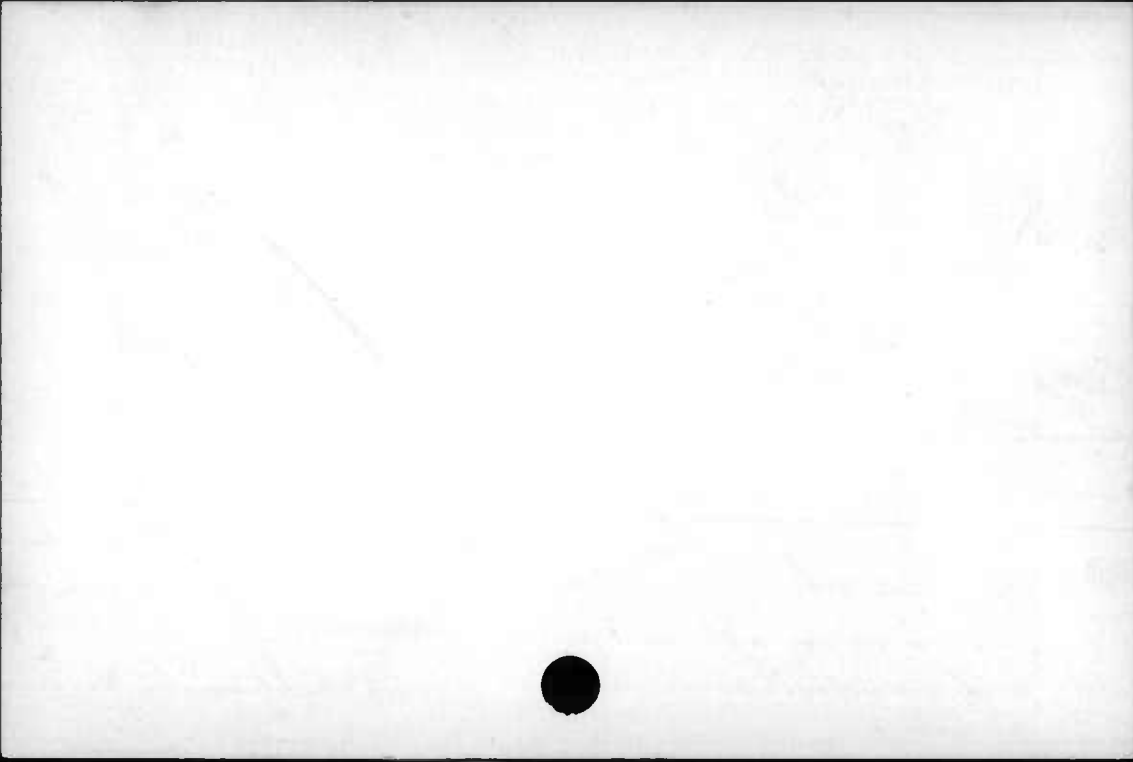
Died at <i>Frederick</i> Town		<i>11</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>5</i>	Day <i>30</i>	Age <i>54</i>	Years <i>5</i> Months <i>5</i> Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>wh</i>	Birth-place <i>md</i>			
Occupation <i>Restaurant keeper</i>	Where Residing if not at place of death <i>X</i>				
Married, <i>Yes</i>	Name of Wife or Husband <i>Emma A. Motlock</i>				
Father's Name <i>John Marsh</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Louisa J. Myers</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Emma Marsh</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

**119**

PHYSICIAN  
OR CORONER

Primary <i>Acute Brights disease</i>	How long <i>3 mos</i>
Immediate <i>Exhaustion - Anura</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. Gooden. M.D.</i>
	Address <i>Frederick. Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Emma, L. Mercer*

Died at *Broad Chilton* Town *Frederick* County *MARYLAND*

Date of death *1907* Month *May* Day *30th* Age *1* Years *4* Months *16* Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Infant* Where Residing if not at place of death *Ind*

Married, Single or Widowed *Infant* Name of Wife or Husband

Father's Name *Charles E. Mercer* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Stone* Mother's Birthplace *Ind*

Name of person giving information *Mary Mercer* How related to deceased *Mother*

CAUSES OF DEATH

(6)

PHYSICIAN  
OR CORONER

Primary *Measels* How long *6 weeks*

Immediate *Broncho Pneumonia* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Frank Hedges*

Address *Frederick*

Accident or Suicide?





Name in Full *Mercer Florence*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Braddock</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>5</i>	Day <i>3</i>	Age <i>34</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Fredk Co</i>			
Occupation <i>Inf Domestic</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Husband <i>Engene Mercer</i>				
Father's Name <i>Wm A Brown</i>	Father's Birthplace <i>Fredk Co</i>				
Mother's Maiden Name <i>Eleanor Kuhn</i>	Mother's Birthplace <i>Dayton, O.</i>				
Name of person giving information <i>Wm A Brown</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measles and Asthma</i>	How long <i>5 days</i>
Immediate <i>Cardiac Asthma (ketemian)</i>	How long <i>Some years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. P. Fahrney M.D.</i>
	Address <i>Frederick Md</i>
Accident or Suicide?	

Interment.

Mt Olivet Cemetery

May 5.07

Name  
in  
Full

Mary Jane Merchant

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1907	Month 5	Day 22	Age 89	Years 10	Months 3
Sex Female		Color or Race White		Birth- place Montz Co, Md.			
Occupation House Wife		Where Residing if not at place of death Same					
Married, Single or Widowed Widow		Name of Wife or Husband John R. Merchant					
Father's Name (Marken) McAbee		Father's Birthplace Md					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving In formation Mamie Merchant		How related to deceased Daughter					

## CAUSES OF DEATH

(179)

PHYSICIAN  
OR CORONER

Primary General Debility	How long Six weeks.
Immediate General Prostration.	How long Two weeks.
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. F. J. [Signature]
	Address 303 S. [Address] Frederick, Md.
Accident or Suicide?	

Interment at Mt Olivet

" May 24 -

Thomas P. Rice

Name  
in  
Full

Arthur Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Thurmont</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>May</i> <sup>Month</sup>	<i>3</i> <sup>Day</sup>	Age <i>9</i> <sup>Years</sup>	<i>0</i> <sup>Months</sup>	<i>0</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frank. Co. Ind.</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>Charles Miller</i>	Father's Birthplace <i>Frank. Co. Ind.</i>		Mother's Birthplace <i>" " "</i>		
Mother's Maiden Name <i>Ellen. Fogel</i>	Name of person giving information <i>G. W. Miller</i>		How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

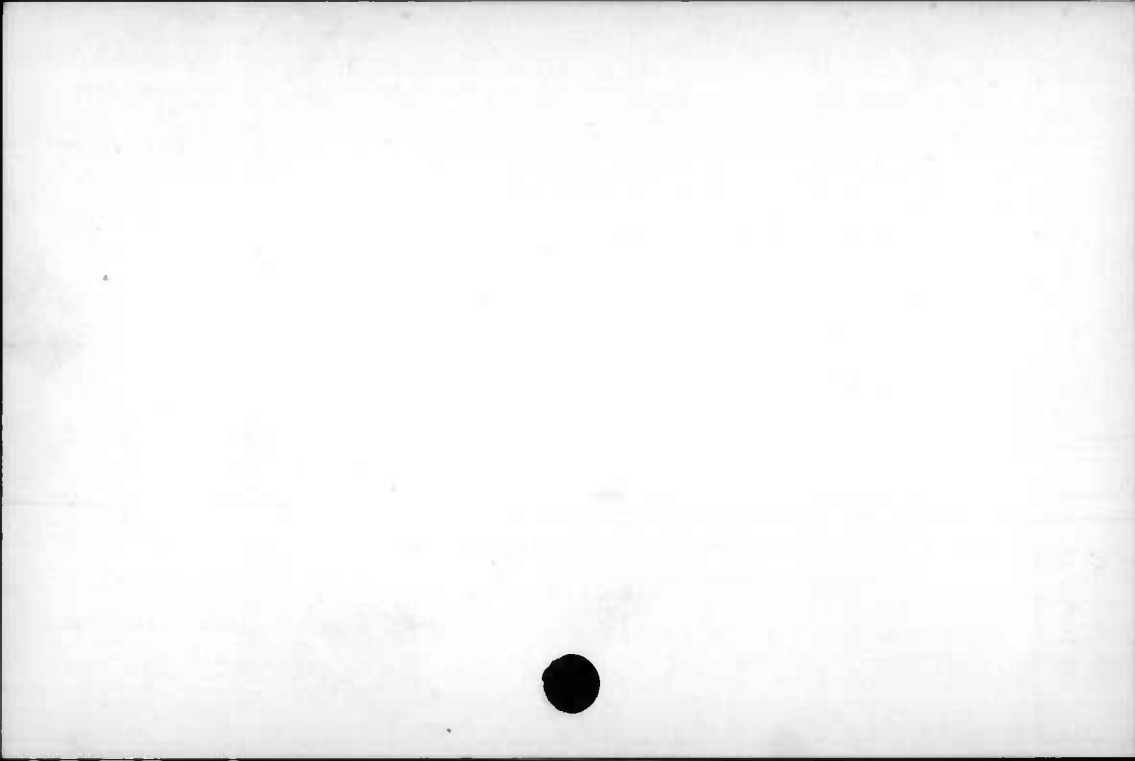
10

PHYSICIAN  
OR CORONER

Primary <i>Influenza, Pneumonia (acute)</i>	How long <i>1 week</i>
Immediate <i>Collapse</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thomas A. Baily</i>
	Address <i>Thurmont, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full <b>W. H. Miller</b>		No. 8		CERTIFICATE OF DEATH	
Town <b>Monrovia</b>		County <b>Frederick</b>		MARYLAND	
Died <b>our</b>					
Date of death <b>1907</b>		Month <b>May</b>		Day <b>17</b>	
Age <b>about 21</b>		Years		Months	
Sex <b>Male</b>		Color or Race <b>white</b>		Birth Date <b>Don't Know</b>	
Occupation <b>Brakeman on Railroad</b>		Where Residing if not at place of death			
Married, Single or Widowed <b>Don't Know</b>		Name of Wife or Husband			
Father's Name <b>Don't Know</b>		Father's Birthplace <b>Don't Know</b>			
Mother's Maiden Name <b>Don't Know</b>		Mother's Birthplace <b>" "</b>			
Name of person giving information <b>no one</b>		How related to deceased <b>—</b>			
CAUSES OF DEATH					
(164)					
Primary <b>Fracture Skull. Struck by</b>		How long <b>Death instantaneous</b>			
Immediate <b>Locomotive</b>		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>H. H. Hopkins M. D.</b>			
		Address <b>New Market</b>			
Accident or Suicide? <b>accident</b>		<b>Md.</b>			





Name  
in  
Full

John J. Moore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> Town		County <i>11</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>5</i>	Day <i>23</i>	Age <i>89</i>	Months <i>11</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>Retired Builder</i>	Where Residing if not at place of death <i>X</i>				
Married, <del>Single</del> <del>or Widowed</del>	Name of Wife or <del>Husband</del> <i>Mary Wisong</i>				
Father's Name <i>George Moore</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Margaret Haller</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Frank Moore</i>	How related to deceased <i>Grand son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Grave Debility =</i>	<i>154</i>	How long <i>12 months</i>
Immediate <i>Exhaustion</i>		How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. Goddell. M.D.</i>	
	Address <i>Frederick, Md</i>	
Accident or Suicide? <i>no</i>		



Name  
in  
Full

Samuel Munshower

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>5</i>		Day <i>4</i>		Age <i>72</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto, Co, Md</i>		Months <i>—</i> Days <i>27</i>	
Occupation <i>Farm Laborer</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Elizabeth Brown</i>					
Father's Name <i>Joseph Munshower</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Mrs. Jas. E. Starr</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

Primary <i>arterio Sclerosis</i>	How long <i>1 year.</i>
Immediate <i>Paralysis of Brain</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank Hedger</i>
	Address <i>Frederick.</i>
Accident or Suicide? <i>—</i>	

W

Name  
in  
Full

Mary W. Nelson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elime Kiln</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1907	Month	5	Day	26	Age	39
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Frederick, Md</i>		Months <i>9</i> Days <i>0</i>	
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Nelson</i>					
Father's Name <i>Wm Wallace</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>John Nelson</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Myocarditis</i>	How long	<i>1 year</i>
Immediate	<i>Heart Failure</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm M. Smith</i>	
		Address <i>Frederick, Md.</i>	
Accident or Suicide? <i>—</i>			

Interment at Hope Hill

" Apr 28 -

Thomas P. Rice

Name  
in  
Full

Edward L Muzz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>27</i>	Age <i>55</i>	Years <i>3</i>	Months <i>14</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>				
Occupation <i>Brick mason</i>			Where Residing if not at place of death				
Married, <del>Single</del>			Name of Wife or Husband <i>Clementine A. Muzz.</i>				
Father's Name <i>Hiram Muzz</i>			Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Mary Mobberley.</i>			Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Roy Muzz.</i>			How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>apoplexy (cerebral hemorrhage)</i>	How long <i>12 hours</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Wm Crawford Lusk</i>
		Address <i>Frederick Md</i>
Accident or Suicide?	<i>no</i>	

Mt Alinet

29/cist



Name  
in  
Full

## CERTIFICATE OF DEATH

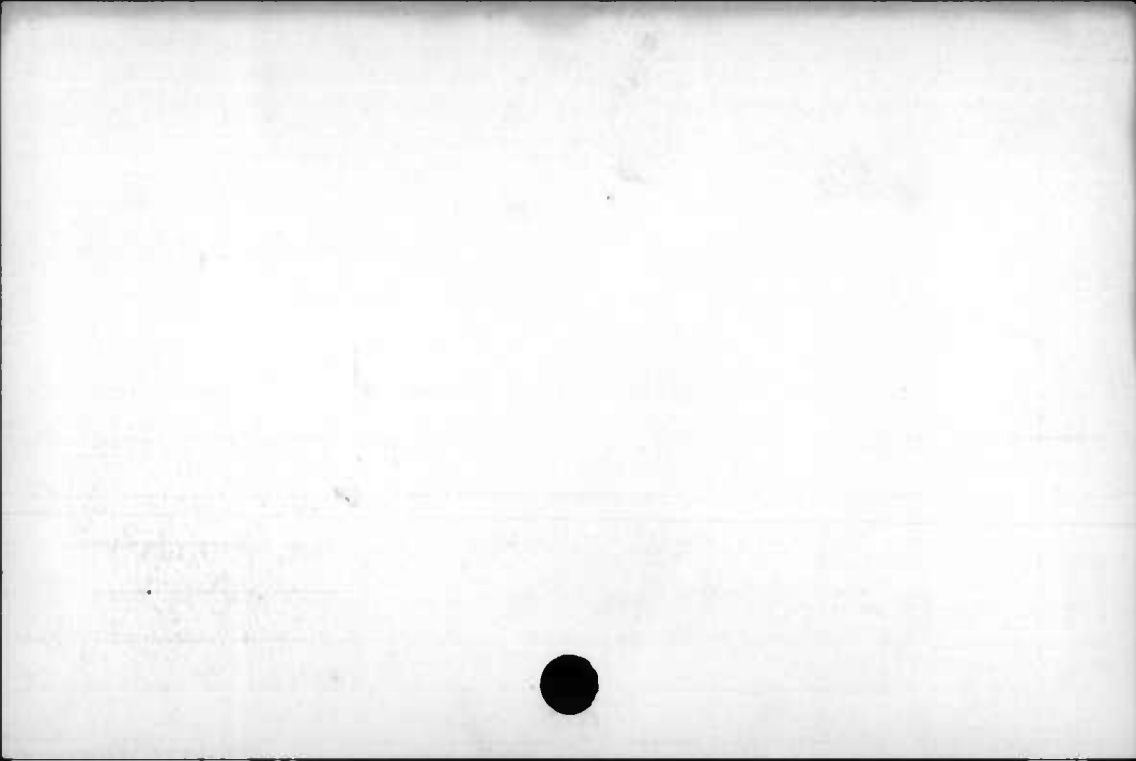
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Petersville</i> Town		<i>Adams</i> County		MARYLAND	
Date of death <i>1907</i>		Month <i>May</i>	Day <i>5</i>	Age <i>at Birth</i>	Years Months Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>---</i>			Where Residing if not at place of death <i>---</i>		
Married, Single or Widowed <i>---</i>			Name of Wife or Husband		
Father's Name <i>William C Pfifer</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Lena Gant</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Wm Pfifer</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>atalectasis</i>	How long <i>Immediate</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>George Yurrent</i>
	Address <i>Burkittsville md</i>
Accident or Suicide?	



Name  
in  
Full

Ellen Phoebe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

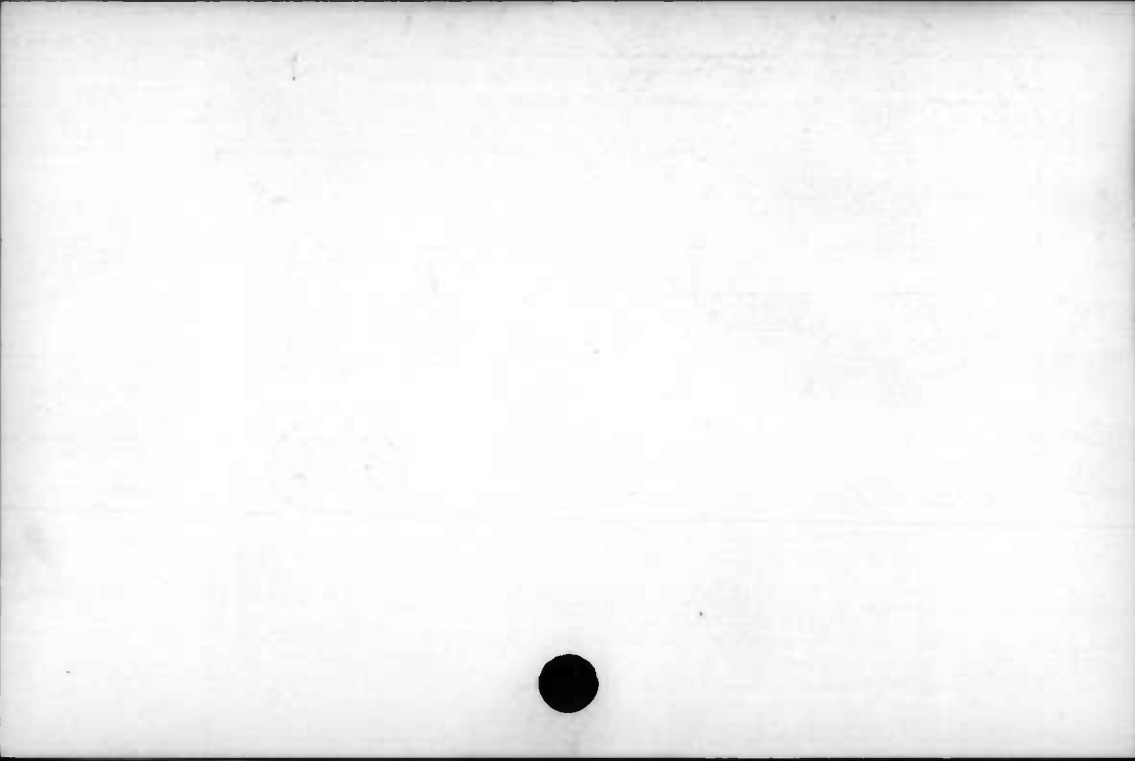
Died at <i>Friedk</i> <sup>Town</sup>		<i>Friedk</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>6</i>	Age <i>81</i>	Months <i>—</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Home</i>		Where Residing if not at place of death <i>—</i>			
<del>Name of Groom</del> Widowed		Name of Wife or Husband <i>John Phoebe (decd)</i>			
Father's Name <i>Jacob Phoebe</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Ann Bowllie</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Family record</i>		How related to deceased <i>—</i>			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>old age</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Crawford</i>
	Address <i>Friedk Ind</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

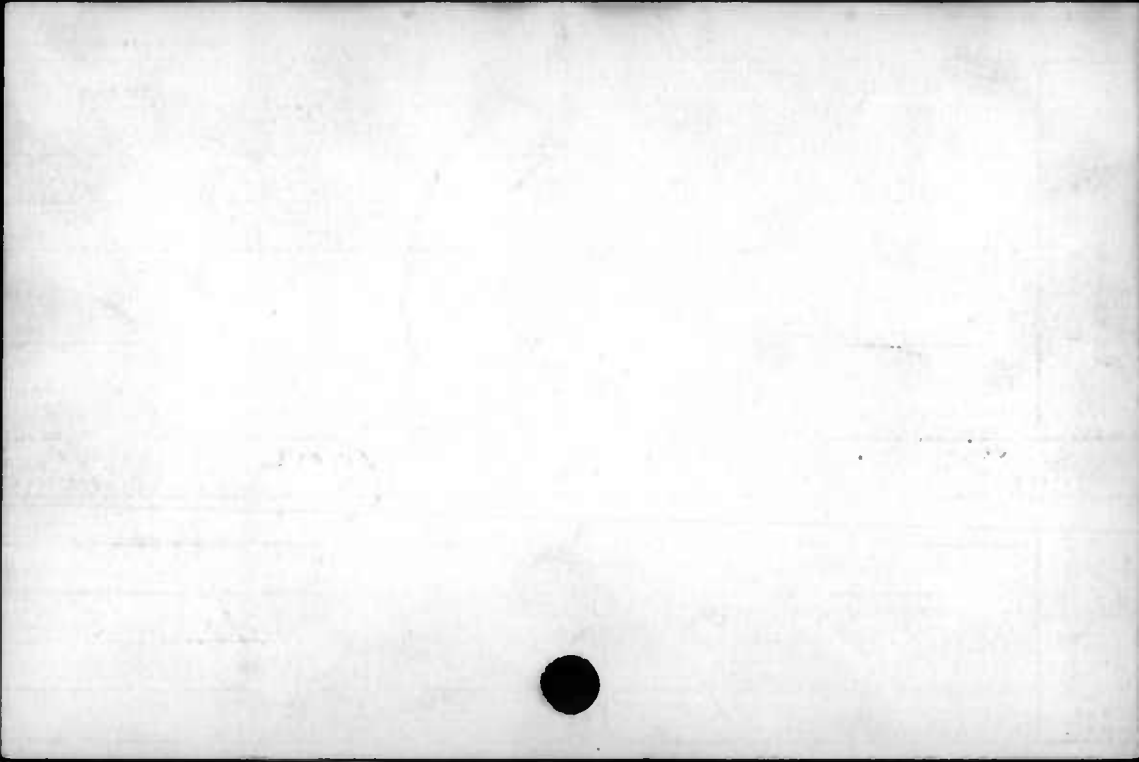
Died at <i>Pleasant-Walk</i>		Town <i>Pleasant-Walk</i>		County <i>Mesa</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>2</i>		Age <i>37</i> -	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pleasant-Walk</i>		Months <i>1</i> Days <i>8</i>	
Occupation <i>farmer</i>		Where Residing if not at place of death <i>Pleasant-Walk</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Josiah Rowe</i>		Father's Birthplace <i>Pleasant-Walk</i>					
Mother's Maiden Name <i>Rebecca Rowe</i>		Mother's Birthplace <i>Burkettsville</i>					
Name of person giving information <i>Josiah Rowe</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia Pulmonalis</i>	How long	<i>112 years</i>
Immediate	<i>-</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. C. Wheeler M.D.</i>	
		Address <i>Bersters Washington Maryland</i>	
Accident or Suicide?			



Name  
in  
Full

Thomas Russell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Monte Hospital* TownCounty *Frederick*

MARYLAND

Date of death *1907 May* MonthDay *31*Age *78* Years

Months

Days

Sex *Male*

Color or Race

*White*

Birth-place

*Frederick Co*

Occupation

*Unknown*

Where Residing if not at place of death

Married, Single or Widowed

*Unknown*

Name of Wife or Husband

*Unknown*

Father's Name

*Unknown*

Father's Birthplace

*Unknown*

Mother's Maiden Name

*Unknown*

Mother's Birthplace

*Unknown*

Name of person giving information

*Hospital Records*

How related to deceased

## CAUSES OF DEATH

Primary

*Senile Debility*

How long

Immediate

*Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

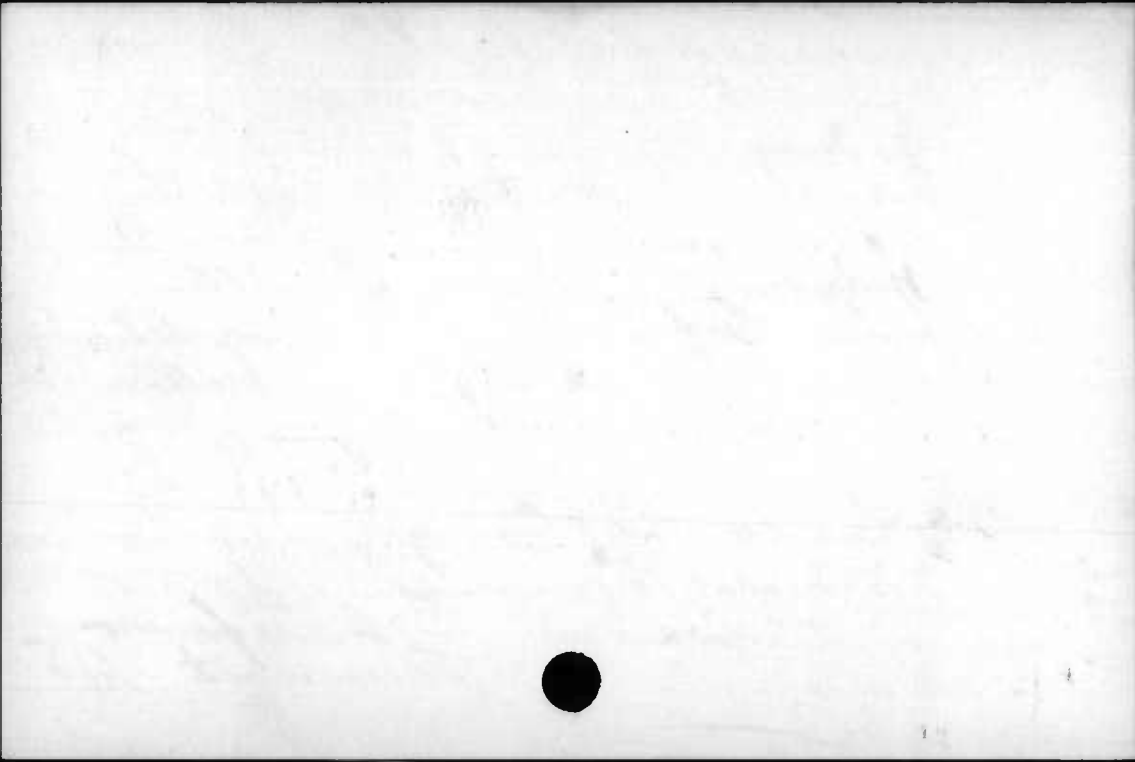
Signature of Physician

*R. S. Lyons*

Address

*Frederick, Md*

Accident or Suicide?





Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

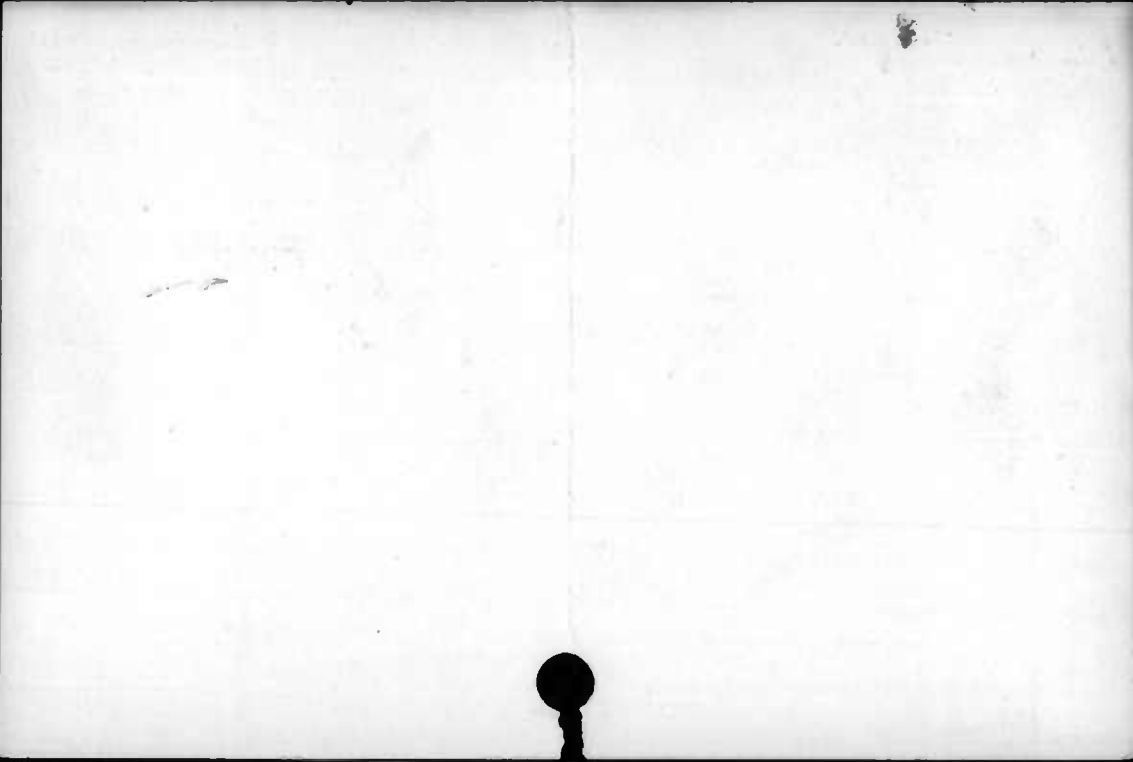
Name in Full <i>Lucie Maria Smith</i>		Town <i>Thurmont</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Thurmont</i>		Month <i>May</i>		Day <i>17</i>		Years <i>77</i>	
Date of death <i>1907</i>		Months <i>1</i>		Days <i>17</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fiddletown, Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Smith</i>					
Father's Name <i>John Cobble</i>		Father's Birthplace <i>Fiddletown, Md.</i>					
Mother's Maiden Name <i>Sarah Ransburg</i>		Mother's Birthplace <i>Fiddletown, Md.</i>					
Name of person giving information <i>Ella Smith</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

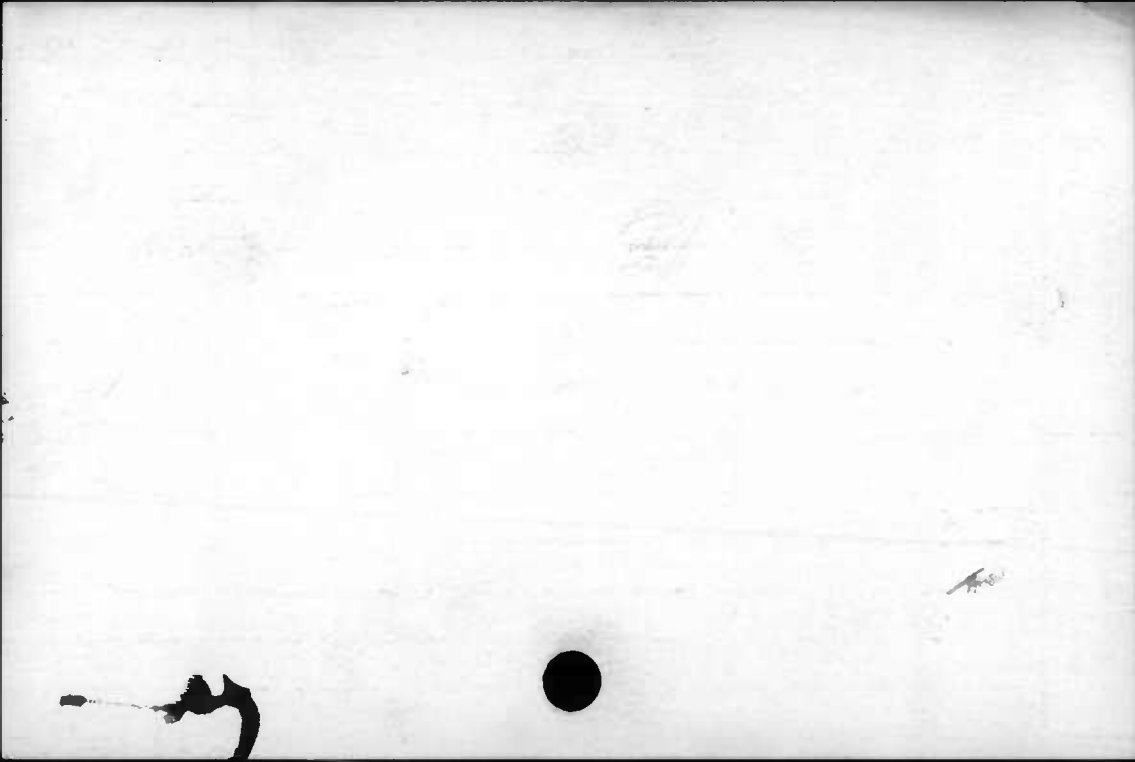
92

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral softening</i>	How long	<i>1 year</i>
Immediate	<i>Bronchitis - Pneumonia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. C. Kefauver</i>	
Filed <i>1907</i>		Address <i>Thurmont, Md.</i>	
Accident or Suicide? <i>No</i>			



Name in Full		Clara Irene Smith						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Deerfield		County Frederick		MARYLAND		
	Date of death		1907	Month May	Day 12	Years —	Months 4	Days 20	
	Sex		Female		Color or Race White		Birth-place Frederick Md		
	Occupation —				Where Residing if not at place of death a. — place of death				
	Married, Single or Widowed		—		Name of Wife or Husband				
	Father's Name David Smith				Father's Birthplace Deerfield Md				
	Mother's Maiden Name Mary Gertrude Smith				Mother's Birthplace Frederick Md				
Name of person giving information David Smith				How related to deceased Father					
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Convulsions			How long		71 In Minutes	
	Immediate		"			How long		Ten Minutes	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician C. L. Wachter				
					Address Sabblesville Md				
Accident or Suicide?									



Name  
in  
Full

Ellen Estelle Smothers

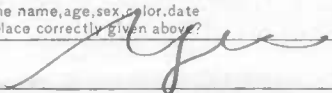
## CERTIFICATE OF DEATH

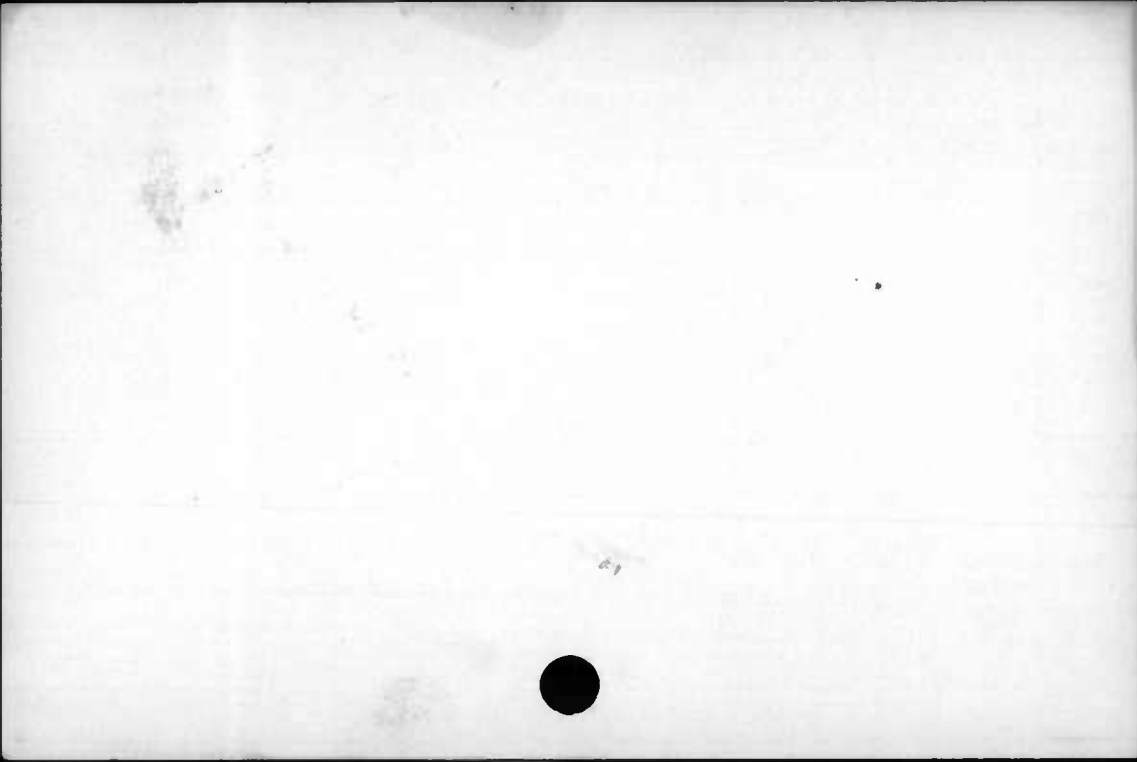
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Burrtsville</b> <sup>Town</sup>		<b>Frederick</b> <sup>County</sup>		MARYLAND	
Date of death <b>1907</b>	Month <b>May</b>	Day <b>15</b>	Age <b>4</b>	Months <b>5</b>	Days
Sex <b>Female</b>	Color or Race <b>Colored</b>		Birth-place <b>Burrtsville Md</b>		
Occupation <b>Child</b>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <b>William Smothers</b>			Father's Birthplace <b>Md</b>		
Mother's Maiden Name <b>Harriet Brown</b>			Mother's Birthplace <b>Md</b>		
Name of person giving information <b>Will Smothers</b>			How related to deceased <b>Father</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Extensive Burn</b>	<b>(167)</b>	How long	<b>Immediate</b>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>George Younce</b>		
		Address <b>Burrtsville Md</b>		
Accident or Suicide?				



Name  
in  
Full

Jane C. Snyder

No. 7,

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

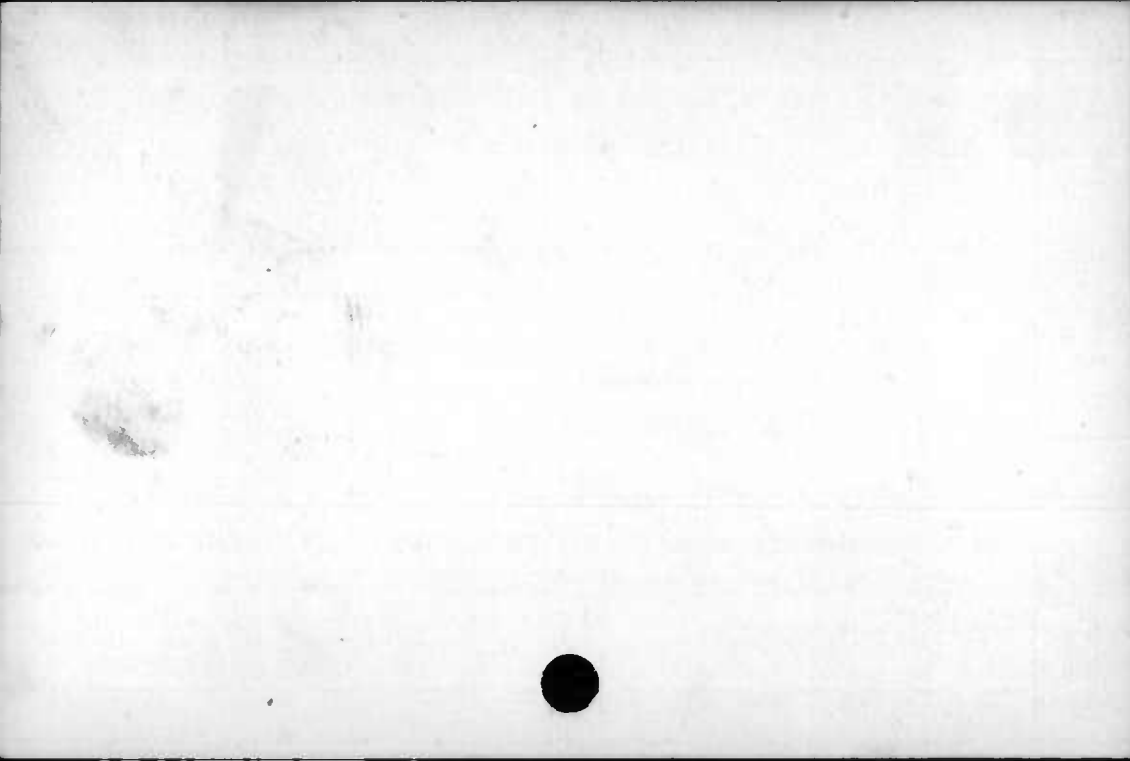
Died near <u>New Market</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>7</u>	Month <u>May</u>	Day <u>3</u>	Age <u>63</u>	Years <u>63</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>_____</u>		
Married, Single or Widowed <u>widowed</u>		Name of <del>Wife or</del> Husband <u>Samuel Snyder</u>			
Father's Name <u>John Cutsail</u>		Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Catherine Fogle</u>		Mother's Birthplace <u>MD</u>			
Name of person giving information <u>Geo. Cutsail</u>		How related to deceased <u>Brother</u>			

## CAUSES OF DEATH

37

PHYSICIAN  
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long <u>3 years</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. H. Hopkins</u>
		Address <u>New Market</u>
Accident or Suicide? <u>no</u>		<u>MD</u>





Name  
In  
Full

*Susan Rebecca Thomas.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Adamstown</i>		County <i>Dorset</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>5</i>	Day <i>22</i>	Age	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>X</i>			Where Residing if not at place of death <i>Adamstown</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Josiah Thomas</i>				
Father's Name <i>Michael Thomas</i>	Father's Birthplace <i>Fredricks County</i>				
Mother's Maiden Name <i>Eve Thomas</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Leopold M Thomas</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

**179**

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	How long <i>One year</i>
Immediate <i>Heart Failure</i>	How long <i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. C. Crenley</i>
	Address <i>Adamstown</i>
Accident or Suicide?	

Mt Olivet Cemetery

May 25 1907

L. L. Hardy Funeral Director,

Name  
in  
Full

## CERTIFICATE OF DEATH

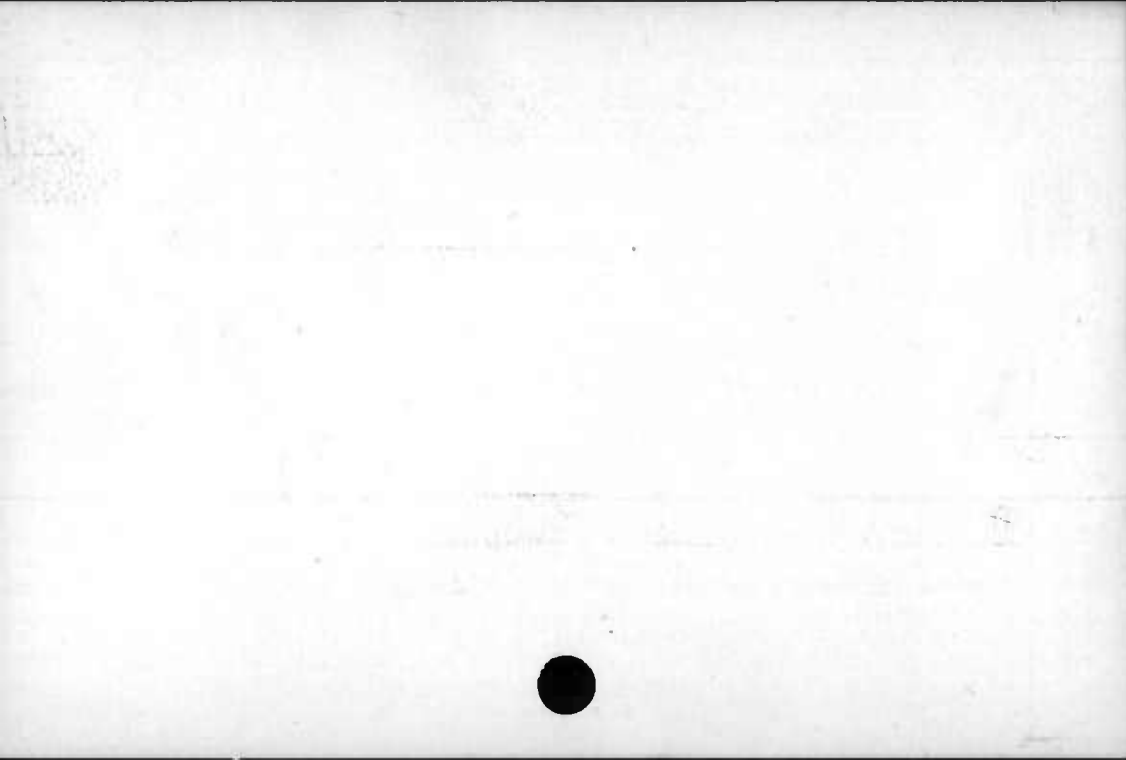
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> Town <i>Frederick</i> County <i>Frederick</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>26</i>	Age <i>Years</i> Months Days
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Frederick</i>	
Occupation <i>---</i>	Where Residing if not at place of death <i>---</i>		
Married, Single or Widowed <i>---</i>	Name of Wife or Husband <i>---</i>		
Father's Name <i>John E. Topper</i>	Father's Birthplace <i>Thurmont, Md.</i>		
Mother's Maiden Name <i>Ora N. Topper</i>	Mother's Birthplace <i>Jarrettsville, Va.</i>		
Name of person giving information <i>John E. Topper</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long <i>8</i>
Immediate <i>Stillborn</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Goodman M.D.</i>
	Address <i>Frederick Md.</i>
Accident or Suicide?	



Name  
in  
Full

Claude Marion Nablit

## CERTIFICATE OF DEATH

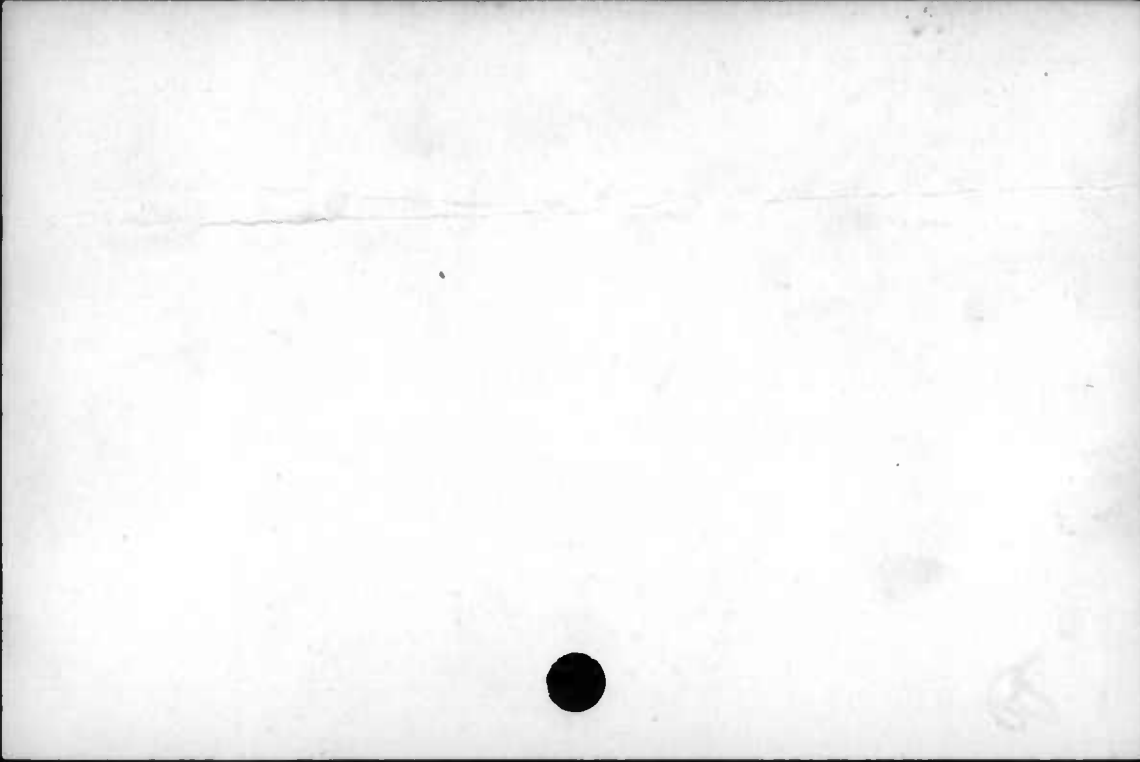
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Adamstown</i> <sup>Town</sup>		<i>Ind. Co.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>5</i>	Day <i>14</i>	Years <i>20</i>	Months <i>9</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind. Co.</i>	
Occupation <i>Chk.</i>		Where Residing if not at place of death <i>same.</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Engine A Nablit</i>		Father's Birthplace <i>Ind. Co. U.S.</i>			
Mother's Maiden Name <i>Adeline Emen.</i>		Mother's Birthplace <i>Ind. Co. U.S.</i>			
Name of person giving information <i>E. G. Nablit</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diabetes</i>	How long <i>10 mos.</i>
Immediate <i>Coma.</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above <i>yes</i>	Signature of Physician <i>C. H. Conley</i>
<i>D</i>	Address <i>Adamstown</i>
	<i>U.S.</i>
Accident or Suicide?	



Name  
in  
Full

Joseph Mishak

No 9.

## CERTIFICATE OF DEATH

Died <sup>Town</sup> near New Market

County Frederick

MARYLAND

Date of death

1907

Month

May

Day

19

Age

Years

76

Months

6

Days

3

Sex

male

Color or  
Race

white

Birth-  
place

Germany

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

widower

Name of Wife or  
Husband

Angelina Mishak

Father's  
Name

Francis Mishak

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Lizzie Mishak

Mother's  
Birthplace

"

Name of person giving  
information

Mary Speer

How related  
to deceased

daughter

## CAUSES OF DEATH

125

Primary

Hypertrophy of Prostate

How long

15 years

Immediate

Urinary Septicemia

How long

3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. H. Hopkins M.D.

Address

New Market

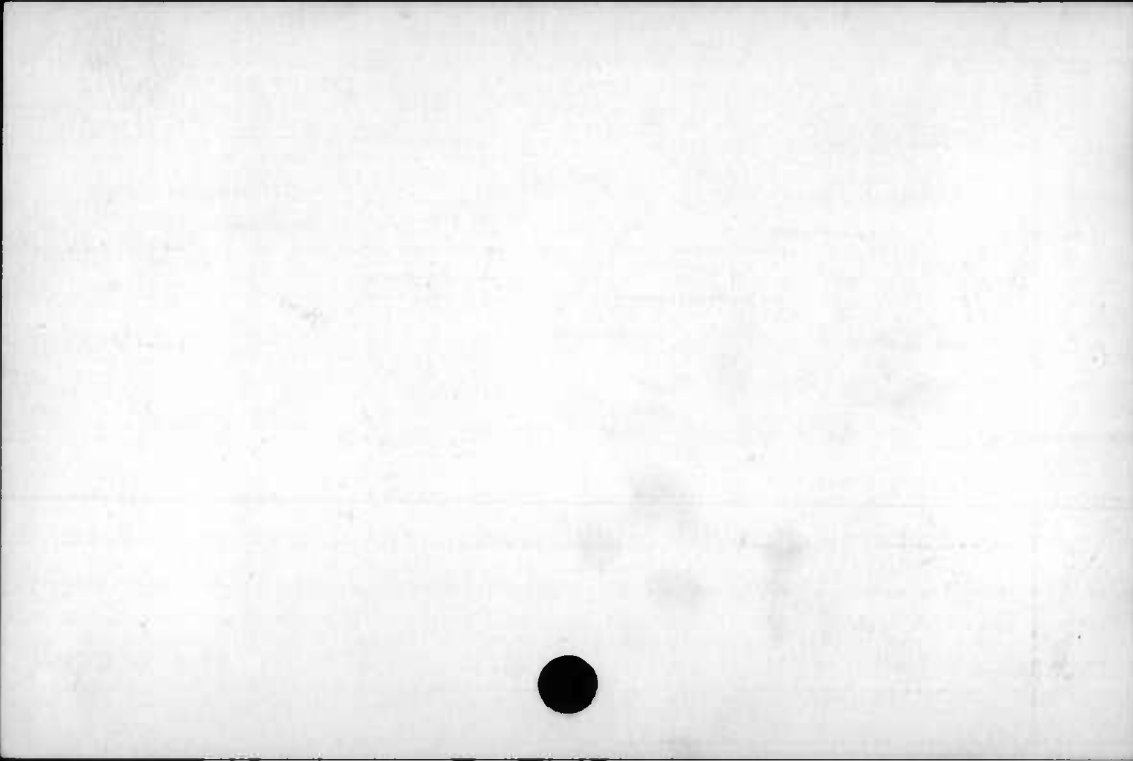
Frederick Co.,

Md

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Mary Helman Young

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND		
Date of death		1907	Month May	Day 10	Age —	Years —	Months —	Days 20
Sex Female		Color or Race White		Birth-place Frederick				
Occupation —				Where Residing if not at place of death —				
Married, Single or Widowed —				Name of Wife or Husband —				
Father's Name Ernest M Young				Father's Birthplace Hagerstown Pa				
Mother's Maiden Name Edith Poole				Mother's Birthplace Frederick Md				
Name of person giving information Ernest M Young				How related to deceased Father				

## CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary	Premature Child	How long	2 weeks
Immediate	Inanition	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J.B. Johnson	
		Address Frederick, Md	
Accident or Suicide?			

St John Catholic Cemetery -  
C. C. C, F. W.

May 10<sup>th</sup> 1907

Name  
in  
Full

no 43

Unknown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Fredk</i>		County <i>Fredk</i>		MARYLAND	
Date of death	190	7	Month <i>May</i>	25	Day	Age	not known
Sex	<i>male</i>		Color or Race	<i>Romanian</i>		Birth-place	<i>Romania</i>
Occupation	<i>R.R. laborer</i>			Where Residing if not at place of death		<i>Brunswick Md</i>	
Married, Single or Widowed	<i>not known</i>		Name of Wife or Husband		<i>not known</i>		
Father's Name	<i>not known</i>					Father's Birthplace	<i>not known</i>
Mother's Maiden Name	<i>unknown</i>					Mother's Birthplace	<i>not known</i>
Name of person giving information	<i>Dr. Wm. C. Johnson</i>					How related to deceased	<i>not at all</i>

## CAUSES OF DEATH

153

PHYSICIAN  
OR CORONER

Primary	<i>fell under train legs cut off body</i>		How long	<i>about 24 hours</i>
Immediate	<i>shock never rallied</i>		How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>so far as accurate</i>		Signature of Physician	<i>Wm. C. Johnson</i>
		Address	<i>Fredrick Md.</i>	
Accident or Suicide?		<i>accident</i>		

